

Breaking the silence:

*Stories of
parteras empiricas
in Nicaragua*

A thesis submitted to the College of Graduate
studies and Research by: Amy Mark

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Rugama, Estelí, Nicaragua

Breaking the Silence: Stories of Parteras Empíricas in Nicaragua

A Thesis Submitted to the College of

Graduate Studies and Research

In Partial Fulfillment of the Requirements

For the Degree of Master of Science

In the Department of Community Health & Epidemiology

University of Saskatchewan,

Saskatoon

By: Amy Alexandra Mark

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ABSTRACT

This master's thesis presents the stories of Doña Eugdocia and Doña Carmen: two parteras empíricas¹ living and working in the area of Estelí, Nicaragua. The stories were constructed from interviews with the parteras empíricas and are influenced by testimonial life history research methods. The stories, complemented by interviews with Traditional Birth Attendant (TBA) trainers, locally available training manuals, and interviews with other parteras empíricas function as a counter-narrative to global (TBA) discourse revealing the important but little understood contributions these women make to their respective communities and health care systems. The stories demonstrate important parallels between the parteras empíricas' narrowing role in Nicaragua and global TBA discourse regarding their practices. The stories also dispel the notion of the "traditional" as signifying incapable of change. Instead, considering the parteras empíricas story within a postcolonial framework using Jordan's (an anthropologist) conceptualization of "authoritative knowledge" demonstrates that the parteras empíricas positioning of biomedicine as authoritative is a survival mechanism and not a devaluation of their own epistemological orientations.

¹ Non-formally trained birth attendants who have historically practiced in Nicaragua.

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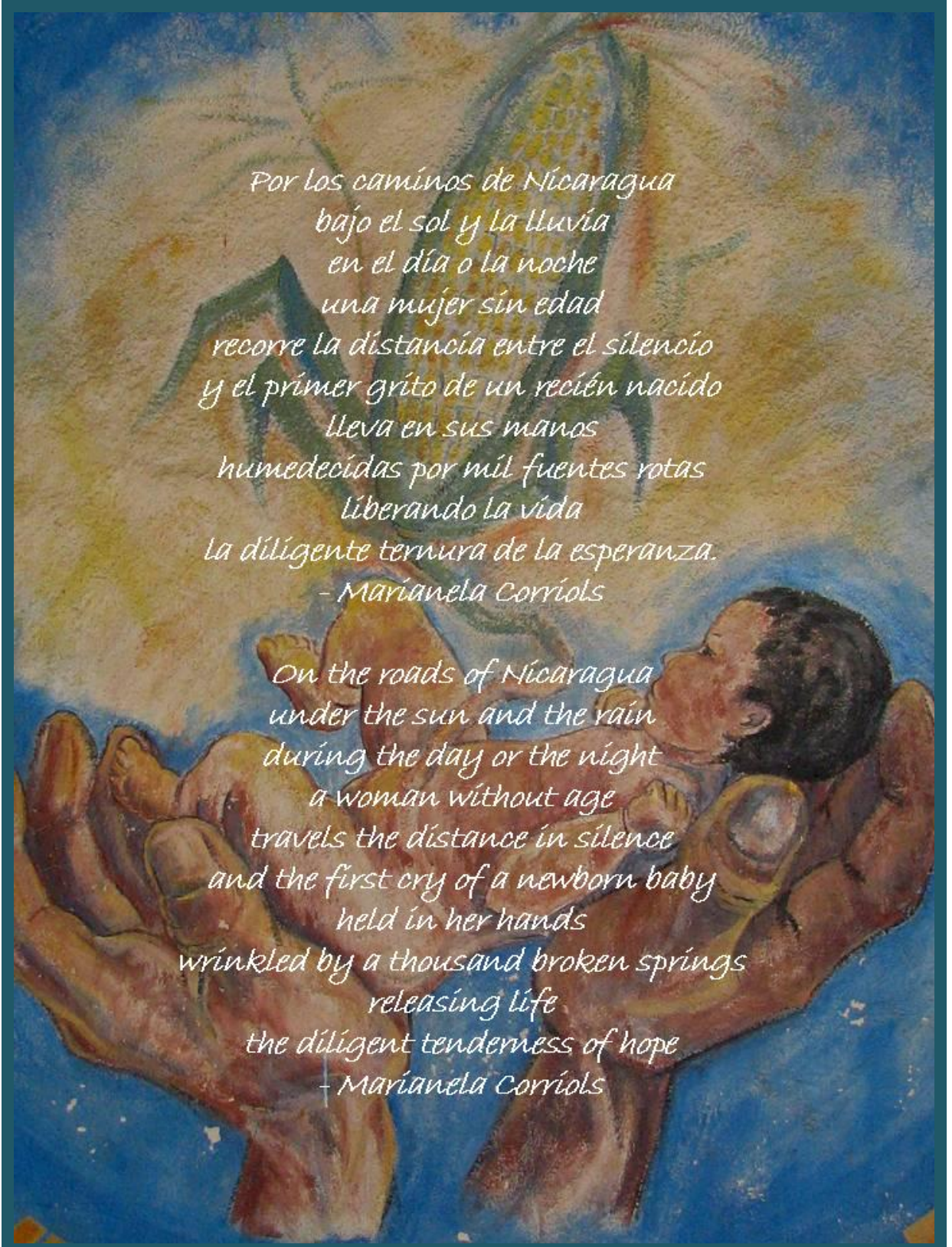
Perhaps most importantly, I would like to thank and acknowledge my participants, especially Doña Eugdocia and Doña Carmen, for generously giving me their time, sharing their lives, and allowing me to write their stories. Words can never express what this has meant for me personally and professionally.

Finally, I must thank my family and friends for providing support and encouragement every step along the way. Thank you for listening to me, encouraging me, frustrating me, challenging me and inspiring me. I wouldn't have gotten through this without you all and am so grateful to have you in my life!

I hope you will all find pieces of yourselves honoured by this work.

With much love and gratitude,

Amy

A mural painting depicting a woman in profile, holding a newborn baby. The woman's hands are large and textured, rendered in warm, earthy tones. The baby is nestled in her arms, looking up. In the background, a rainbow arches across a sky of soft, blended colors. The overall style is expressive and painterly.

*Por los caminos de Nicaragua
bajo el sol y la lluvia
en el día o la noche
una mujer sin edad
recorre la distancia entre el silencio
y el primer grito de un recién nacido
lleva en sus manos
humedecidas por mil fuentes rotas
liberando la vida
la diligente ternura de la esperanza.
- Marianela Corriols*

*On the roads of Nicaragua
under the sun and the rain
during the day or the night
a woman without age
travels the distance in silence
and the first cry of a newborn baby
held in her hands
wrinkled by a thousand broken springs
releasing life
the diligent tenderness of hope
- Marianela Corriols*

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ABBREVIATIONS USED

FIGO: International Federation of Gynaecology and Obstetrics

FSLN: Sandinista National Liberation Front/ Frente Sandinista de Liberación Nacional

ICM: International Confederation of Midwives

MINSA: Ministerio de Salud

SBA: Skilled Birth Attendant

TBA: Traditional Birth Attendant

TM: Traditional Midwife

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

USAID: United States Agency for International Development

WHO: World Health Organization

CHAPTER ONE: AN INTRODUCTION TO THE STUDY

1.1. Introduction

This research study presents the stories of two parteras empíricas¹ who practice or have practiced midwifery in the region of Estelí, Nicaragua in an attempt to give voice to their experiences with their health care system and with their communities. Life history researchers Cole and Knowles advocate for an autobiographical sharing of “the fundamental assumptions, experience and passion behind [the researcher’s] inquiry” (1)(p. 48), as a way to frame the research journey. The following section will introduce the reader to my story framing it within the larger research context in order to “honor oneself, those who are the focus of the inquiries and the journey or journeys taken” (1)(p. 48).

1.1.1. An Introduction to the Story

“Introductions are crucial steps in life history research” (1)(p. vii). Curiously, the story of this research begins long before I came to it, and should not be introduced in any other way. Picture, if you will, a short woman with tired, dark brown eyes, a loose grey braid and a crisp, white uniform sitting at a desk overflowing with papers in a crowded office, and you will see Ramona Alfaro (better known as Monchita) as I remember her best. Monchita has spent most of her life working with parteras empíricas in Nicaragua. It was she who originally expressed the need for a written history of their work to an old friend, my supervisor. Sometime after a conversation with that friend, I was given the opportunity to come into the story. Enter Amy, the Canadian Registered Nurse recently enrolled in a community health and epidemiology masters program,

¹ Parteras empíricas are non-formally trained birth attendants who historically have practiced in Nicaragua. Section 2.3.1 will elaborate further on their definition.

pleasantly confused by a conversation with her supervisor about the possibility of conducting research about traditional birth attendant (TBA) training programs in Nicaragua. She is handed a purple file folder full of readings and scribbles as she wonders *who are these people called TBAs?* Immediate visions of post-partum haemorrhage and incalculable risk come to her mind as she picks her way through a mind-boggling array of literature on the subject. Now, the memory feels far away and sits hazy and banished to the furthest corners of her mind. Present-day Amy can barely believe these thoughts ever belonged to her. What would that Amy, the almost forgotten Amy, think of how this research has unfolded if she could be here now? The question is impossible because she vanished as the moment slipped away, was lost to time and became another layer added to all the pieces that make up present-day Amy. Unfortunately, present-day Amy is not equipped with a DeLorean time machine with which to sneak back to the future. It wouldn't even matter if she did because Amy may only view her past thoughts as her present self. Her reference point, like everyone else's, shifts with every moment that she lives (2).

It was important for you to meet Monchita to understand how this story began, and it was important for you to meet these two versions of myself so that you could approach this work, as I do, as a journey as I tried to make sense of what I found.

1.1.2 An Introduction to the Research

Life history research acknowledges that the researchers' epistemological foundations will influence how they approach the research (1). A discussion of the literature is a fitting place to begin because although the stories of the parteras empíricas are central to this study, their construction and the meaning gleaned from

them was influenced by my review of the literature. Initially, I looked for something to tell me who TBAs were, but was unable to find what I was looking for. Stacey Pigg's work was instructive and provided initial clues as to the problems of definition. She shows how the creation of the word "TBA"s by development discourse allows for "ideas and practices related to birth [in different countries] to be *recognized* as 'birth assistance'" (3)(p. 233). A great deal of available literature comments on TBA practices while very little is written about who they are and what their experiences have been.² It is an important debate to which I return in chapter two. For now, I introduce TBAs as "a person who assists the mother during childbirth and initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants" (4)(p. 7).

The global emphasis away from TBA training to ensuring skilled attendance at birth (5) marginalizes women labelled "TBA" because by definition, the word "TBA" allows for control of TBAs and their practices (6) and does not recognize TBA skills and knowledge as necessary for attending birth (5). Unlike TBAs, skilled birth attendants (SBA)s are accredited in the countries in which they practice and, according to the WHO have been "educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns" (5)(p. 1).

Over the last thirty years, Western policies related to birth attendants have shifted focus from training TBAs to increasing skilled attendance at birth because

² In my searchers through academic databases, references lists, and Google scholar, I found only one undergraduate oral history thesis by Sara Proechel about comadronas (traditionally trained birth attendants) in Guatemala (66).

Skilled Birth Attendants (SBA)s are believed to reduce maternal mortality more effectively (4,5,7-9). This shift in policy does not appear to be backed by evidence as the most conclusive review of training programs to date showed that although there appeared to be some promising results when combined with improved health services, there were not sufficient studies to draw definitive conclusions (10). Furthermore, despite these shifts in policies, maternal mortality continues to remain disproportionately high in developing countries (11).

Why does this matter? Postcolonial theories and their accompanying resistance to “traditional” research methods (12); feminist opposition to positivist ideas of a single, discoverable “truth” (13); and the concept of “authoritative knowledge’s” demonstration of how one way of knowing is able to gain legitimacy over “other”³ ways of knowing (14) provide useful tools to dig deeper into this issue and offer an explanation as to why the stories of *parteras empíricas* *should* matter to academics.

Postcolonial theories emerged out of concern for how Western epistemologies came to understand other epistemologies by understanding the problems that have historically existed between the Western world and those they identified as being “other.” Historically, the belief in the Western world that “science” and Western epistemologies were superior to “other” ways of knowing provided justification for the colonization of “other” lands and peoples (15). Along with the colonization, and more important to my study came the accompanying stories of resistance (16). Within stories of resistance, a consideration of feminist theories and their notion of “self-definition” allows *parteras empíricas* to define for themselves who they are rather than imposing

³ I use the word “other” to refer to those people and knowledges who and that are not recognized as fitting within Western discourse or scientific paradigms (15). I do this only to emphasize the power differentials inherent in the relationship between “Western” and “other” and not to define experiences.

restrictive definitions and labels (17). Finally, drawing on authoritative knowledge, a concept describing power relationships between two or more knowledge systems, informs an understanding of how development discourse and local knowledge are positioned in relation to the parteras empíricas stories. Thus, the stories of parteras empíricas become important in order to consider the implications development discourse has on “other” ways of knowing about and attending to the practice of birth, in order to resist against delegitimizing⁴ the practices of people who have been named “TBA” by development discourse and to listen to their stories, and in order to write a different kind of history where the voices and stories of the parteras empíricas are central.

In keeping with an alternative positioning of research, this thesis is most concerned with stories of resistance. I present the stories of two parteras empíricas as an alternative to the current conceptualization of TBAs and their practices in Western literature. As traditional birth attendants are increasingly left out of development discourse, it becomes important to consider their lives and their stories “in context” (1) and to give voice to their struggles. Using a methodology primarily influenced by testimonial life histories offers the opportunity to understand the lives of TBAs living in Nicaragua within their larger national and global contexts and to theorize an understanding of the “complexities of lives in communities” (1)(p. 11).

In order to create an “alternative history,” I traveled to Nicaragua to write the stories of two parteras empíricas for this master’s thesis but what I found was

⁴ When I say “resist against delegitimizing,” I draw on the work of Tuhwai Smith (18), a postcolonial researcher who advocates for the creation of new kinds of research that not only resist marginalizing and exploiting research participants (in the case of my study, I resist against telling a story that delegitimizes TBA knowledge), but also includes Indigenous interests and Indigenous voices.

something that I was able to express only after I revisited Bridgette Jordan's concept of authoritative knowledge (14) and came to realize that, in keeping with her conceptualization, medical knowledge had been positioned as authoritative not only by academic discourse but by parteras empíricas themselves. As considerations of TBAs becomes increasingly infrequent in the literature, and in light of the postcolonial environment we are currently experiencing, it is necessary to listen to and examine the stories of the parteras empíricas in order to reveal the contributions that TBAs make to their communities and health care systems. Furthermore, we must consider what effect medical knowledge has had on the parteras' empíricas' practice and perception of their roles in their communities and with their health care system even as their practice decreases.

1.2 Study Significance

Researchers are increasingly looking for opportunities to develop and use research methodologies in a way that is respectful and inclusive of other ways of knowing (12,15) and that is positioned to allow "people and communities . . . [to] reclaim and tell their stories in their own way and . . . give testimonio to their collective herstories and struggles" (18)(p. 89). Such research offers the opportunity to resist viewing people as "marginalized," "traditional" or any definition that is ascribed by another group of people (18). It offers a chance to understand who other people are, who we are, and how we engage in this postcolonial environment (16).

Increasingly, TBAs are being written out of international policies as SBAs become the birth attendant of choice. In the wake of that change, it becomes crucial to understand the invisible contributions that these women make (whether or not they call

themselves TBAs), “not just to voice the voiceless but to prevent the dying” (19)(p. 44) of another way of knowing, another way of attending to childbirth, and another way for Western researchers to meaningfully engage in research with another culture. The testimonial nature of the narratives offers a unique opportunity to form a relationship of solidarity between the audience, the narrator, and the researcher, and potentially, to obligate the audience to action (20). By using a postcolonial, feminist framework, the study offers academics, health care workers and even policy makers an alternative way to consider the effect that policies can have on “TBA” practice and the implications for the provision of care to pregnant and postpartum women.

1.3 Study Purpose and Research Questions

Colonialism is still very much alive as can be seen in the unquestioned authority of science to tell the “truth” and alter local realities to fit its needs (15). Discourse about TBAs offers an example of this as TBAs’ roles have been rewritten into international policy without consideration of the complex factors (i.e. gender, poverty and geographical limitations) that influence outcomes (9), and without conclusive evidence that TBA training programs are ineffective (10,21,22). The purpose of this study is to present the stories of two Nicaraguan parteras empíricas in order to reclaim and honour their knowledge and to create a counter-narrative to the dominant discourse about TBAs. The stories increase understanding of parteras empíricas experiences in their own words. The study also offers insight as to how the larger international and national discourse shapes those experiences. Specifically, it addresses the following research questions:

#1	What do the stories of parteras empíricas in Nicaragua reveal about their
----	---

	experiences in their communities and with the health care system?
#2	What do locally available TBA training resources and interviews with TBA trainers reveal about the role of the partera empírica in Nicaragua?

1.4 Navigation of the Thesis

There are multiple voices that need to be attended to in this thesis. In order to honour these voices and to draw the reader in to the story in an engaging and meaningful way, I have attempted to do something different. I switch back and forth between my own voice and an academic voice in order to acknowledge my own learning, I present the stories of the parteras empíricas in their own voice, and I infuse pictures throughout the story in order to allow the audience to identify more with me and with the parteras empíricas. Context is central to understanding the lives of the parteras empíricas (1). In order to understand the stories within their national and global contexts, chapter two sets the stage by offering postcolonial and feminist theories and the concept of authoritative knowledge as tools to assist in understanding the stories and frames the stories nationally and internationally. Chapter three presents testimonial oral life history methodologies as influencing the study's methodology and explains the methods of data and analysis used. Chapters four and five present the stories of Doña Eugdocia and Doña Carmen while chapter six considers points of intersection between the audience, narrator and research and how they can be used to inform a greater understanding of "lives in context" (1).

CHAPTER TWO: CONTEXT

2.1 Setting the Stage: Context

While the speaker is central in the text of testimonial life histories (20), literature and theoretical frameworks are useful tools in which to position and understand his or her stories. Life history researchers approach literature reviews in a fluid manner. Cole and Knowles view literature as that which “more generally informs our perspectives and understanding of the contexts surrounding our work” (1)(p. 62). In the following section, I take their position and introduce the theoretical tools and background literature upon which to layer the parteras empíricas’ stories. I do this not to provide a definitive review of any part of the literature, but rather to offer the necessary background in order to enable the reader to begin to form a relationship with the speakers (20) and to contextualize their stories.

2.2 Informing Perspective: Introducing Theoretical Tools & Approaches

This section will explore the epistemology of postcolonialist and feminist theories as two approaches to understanding the literature and framing the stories. I will outline how my understanding of these approaches informs my theoretical framework and will present authoritative knowledge as a useful tool in which to position an analysis of TBA discourse.

2.2.1 Postcolonial Theories

Many academics disagree on how to approach and define postcolonial theory. Postcolonial theories emerged out of concern for the historical belief in the Western world of the superiority of Western knowledge and “science” compared to “other” ways

of knowing. The belief in Western superiority was used to provide justification for the colonization of other lands and peoples and the attempt to modify and reform the practices of other societies (15). Leela Gandhi defines postcolonial theory as:

a theoretical resistance to the mystifying amnesia of the colonial aftermath. It is a disciplinary project devoted to the academic task of revisiting, remembering and, crucially, interrogating the colonial past. The process of returning to the colonial scene discloses a relationship of reciprocal antagonism and desire between coloniser and colonised. And it is in the unfolding of this troubled and troubling relationship, that we might start to discern the ambivalent prehistory of the postcolonial condition (16)(p. 2).

Thus, according to Gandhi, the implications of our shared colonial past must be explored in order to better understand the present.

Through the process of remembering and revisiting the historical relationship between coloniser and colonised, postcolonial theorists are critical of how Western ways of understanding have approached and continue to approach “other” ways of knowing (15). Often, this ways of knowing understands “other” ways of knowing and being through the eyes of the “coloniser” with little understanding of how the “other” sees him or herself (i.e. do they perceive themselves as “other?”). The “other” becomes a mythologized creature that must conform to rules and self-understanding that he or she did not create (23). The imbalanced relationship between coloniser and colonised is a necessary condition for the coloniser to maintain power. In order for the coloniser to be “civilized,” the colonised must be “uncivilized” (16). In order for biomedicine to be “superior” for example TBA knowledge must be “inferior.” However, as Leela Gandhi notes, whenever knowledge is imposed, we must consider how it is resisted (16). To resist is not only to refuse to accept what has been imposed but also implies alternative approaches and methodologies because:

to hold alternative histories is to hold alternative knowledges. The pedagogical implication of this access to alternative knowledges is that they can form the basis of alternative ways of doing things (12)(p. 34).

It is from a point of resistance, an interest in alternative knowledge, and a belief that there are alternative ways of conducting research that I approach this study.

2.2.2 Feminist Theories

A general understanding of the epistemological foundations of feminist theory also guides my theoretical approach. I don't pretend to represent all the complexities of feminist theories but rather draw upon broad elements to guide my understanding. These elements include a resistance to positivist ideas of a single, discoverable "truth," and an alternative positioning of truth as a temporal construct dependent upon time, context and gender (13). Thus, a feminist approach resists making generalizations in order to eliminate "boundaries of division that privilege dominant forms of knowledge building, [and] boundaries that mark who can be knower and what can be known" (13)(p. 3). Feminist resistance to more traditional methods of research disrupts the relationship that has historically existed between researchers and the researched by giving the researched the authority to define the meanings of their own experiences and by recognizing truth as subjective (17). Thus, use of feminist theory implies careful consideration of marginality and representativeness. A feminist perspective on marginality bases inclusion on personal perception. That is, an individual is only marginalized if (s)he believes herself to be marginalized (17). The described elements of feminist theories emphasize creating an understanding of rather than imposing restrictive definitions and labels on participants and offer the theoretical space to begin to open up a different kind of research dialogue (17). In this study I use a feminist

framework that opens up, blurs the margins and creates spaces to consider possibilities rather than drawing conclusions.

2.2.3 Authoritative Knowledge

Postcolonial and feminist theories complement an understanding of authoritative knowledge. The concept of authoritative knowledge is informed by anthropologist Brigitte Jordan's attempts to understand birth in Mexico, the United States, Sweden and Holland. Eventually Jordan came to understand that multiple knowledge systems exist simultaneously and are used in decision making. Often one system will be able to gain more power and become the knowledge that counts. Jordan names the knowledge that counts "authoritative" (14). Pigg adds to the concept of authoritative knowledge using examples from her work with TBAs in Nepal. She reveals how medical knowledge is often placed as authoritative in development discourse while ignoring complex local knowledge systems and realities. For example, she describes the word "TBA" as something made up by development discourse and argues that "because [TBA]s are not the real terms used for any practitioner in any language, they ostensibly allow all societies to come together on equal footing" (3)(p. 239). What she means is that if you went to any given country to search for a "TBA," you would not find one because they do not exist locally. Different societies have different ways of conceptualizing birth and the different people who attend to various practices that development discourse recognizes as associated with birth. The creation of the term "TBA" allows diverse practitioners to be positioned as the same; allows medicine to be compared next to all the "other" diverse ways of knowing, being and functioning; and controls the ways that "other" knowledge is allowed to count (3). The concept of authoritative knowledge lends

itself to a postcolonial perspective. For example, Tuhwai Smith has considered how Indigenous epistemologies are often presented as incapable of change. Such positioning of Indigenous epistemologies serves to silence those people who do not fit into the roles that have been pre-defined for them (23). While the above examples illustrate authoritative knowledge, they also demonstrate relations of power.

Authoritative knowledge does not mean knowledge held by the most powerful authority. Rather, authoritative only means that it is the knowledge that counts (14). For example, Berry uses ethnographic data from a study in Guatemala to illustrate that one of the reasons women do not seek care for complications during childbirth is because biomedical knowledge fails to fit into their already existing knowledge systems. They don't recognize what biomedicine calls a "complication" because according to their worldview, the "complication" is not recognized as deviating from normal (24). In this example, local knowledge is the "authoritative" knowledge because it is the knowledge that local people use to make their decisions. In other words, knowledge is positional (14). This study seeks to understand how the positioning of knowledge affects the role of parteras empíricas and the circumstances in which they practice. Authoritative knowledge viewed through the lens of postcolonialist and feminist theories allows the opportunity to explore the relationship between TBA discourse and parteras empíricas from a different angle. Instead of a hierarchical, authoritative position, this study proposes to unbalance knowledge positioned as "authoritative" to allow for a more equal sharing of power (14).

2.3 Understanding Context: An Introduction to the Literature

The following section defines and problematizes the terminology related to “birth attendants,” and will provide contextual information about TBA training programmes, TBA experiences and the history of Nicaragua.

2.3.1 What’s in a Name?

In the literature, one will encounter a plethora of terminology used to name those people who attend to birth. Words such as traditional birth attendant (TBA) (4), trained TBA (4), skilled birth attendant (SBA) (5), midwife (25), and traditional midwife (TM) (26,27) are all used within international contexts. A variety of other names are used within national or regional contexts such as Dainis in Bangladesh (28), Comadronas in Guatemala (29), or Parteras Empíricas in Nicaragua (30). These words are used not only to name people, but also to identify how they received their training. I will use this section to expand further upon the idea of definition, to provide definitions of the terms used in my thesis, and to encourage critical thinking on the use of language to organize birth attendants.

Western discourse generally divides birth attendants into two categories: those who have a recognized training to attend births and those who do not. A TBA, for example, is not recognized as possessing the training necessary to safely attend a birth while a skilled birth attendant (SBA) is. According to the WHO, a traditional birth attendant (TBA) is:

a person who assists the mother during childbirth and initially acquired her skills by delivering babies herself or through apprenticeship with other traditional birth attendants (4)(p. 7)

while a trained TBA is:

a TBA or a family TBA who has received a short course of training through the modern health care sector to upgrade her skills. The period of actual training is

normally not more than one month, although this may be spread over a longer time (4)(p. 4).

The only difference between a TBA and a trained TBA is that trained TBAs have received training through the health care system. Neither a TBA nor a trained TBA is recognized as a SBA (5). A SBA is defined as:

an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns (5)(p. 1).

What is important to note is that a TBA is viewed not in terms of the skills that they possess but rather in terms of the way that they learned those skills.

Additionally, we must consider the use of the word “midwife.” According to the International Confederation of Midwives (ICM) a midwife is a person who:

has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery (25).

A midwife is recognized by the WHO as a SBA (5), but a traditional midwife (TM) is not.

A TM is defined as:

an independent essential primary care provider during pregnancy, birth and postpartum and is recognized as such by her community and jurisdiction . . . her talents vary according to the region of residence . . . she gets her knowledge from traditional, and informal methods ancient to the profession . . . When her education comes from a non-governmental organization, she is known as a trained midwife . . . often she is a bridge between the health system and her community” (27)(Section II).

Again, the major difference between TM and midwife appears to be that midwives obtained their training in a way that is legally recognized both nationally and internationally while TMs did not.

In Nicaragua, *partera empírica* (literally empirical midwife) is used to refer to a person who attends to birth. A *partera empírica* is defined as a person who is:

the product of our people, our beliefs, our customs, our way of thinking, religion, and social heritage, amongst others, and for the intrinsic necessity of having somebody who could solve the problems that come along with birth . . . she sees to the care of the pregnant woman, the labouring woman, and the neonate armed with a cluster of true and false beliefs that are a product of experience or of family heritage (30)(p. i).

Curiously, although *parteras empíricas* can be captured in the definitions of TBA and TM given above, a contradiction exists. Some women who call themselves *parteras empíricas*, or just *parteras*, obtained their training through government training programs and not through tradition. Because their knowledge is not recognized as sufficient to make them SBAs they do not fit in any category, nor are they community health workers. Although I have presented many definitions in this section, none of them quite capture who Doña Eugdocia and Doña Carmen are – but I have yet to find a definition that does. Instead, I offer these definitions to begin to consider how Western discourse defines, organizes and separates the different people who attend birth and what effect this serves.

2.3.2 Global History of Traditional Birth Attendants (TBAs)s

Over the last thirty years, policy makers and academics have shifted the focus in maternal child health (MCH) initiatives from training TBAs to increasing skilled attendance at birth (9). This section will explore how the primary health care (PHC) movement initially led to an interest in TBA training programmes and how this interest has waned more recently. It will also begin to explore the global experiences of TBAs with their health care systems.

2.3.2.1 Primary Health Care and Alma Ata

The roots of PHC lie in the increasing awareness during the early 1970s that the state of health was influenced not only by the health system, but by factors outside of that system as well. By the time the Alma Ata declaration occurred, the environment was sufficiently receptive to these ideas that it was possible to adopt PHC as a radical new approach to improving health (31). PHC was defined in the Alma Ata declaration as:

essential health care based on practical, scientifically sound and socially acceptable methods and technologies made universally acceptable to individuals and families in the community through their full participation and at a cost the community and country can afford (32)(p. VI).

PHC, as originally envisioned at Alma Ata, was meant to respond to the health needs of people and to expand basic health services to greater numbers of people (33). Although some TBA training programmes existed prior to the Alma Ata declaration, TBA training programmes were promoted to a greater extent afterwards (9) because the Alma Ata declaration advocated that traditional practitioners should be included in these services if they were “suitably trained socially and technically to work as a health team and to respond to the expressed needs of the community” (32)(Section VII).

2.3.2.2 Traditional Birth Attendant Training Programmes

While training for TBAs did exist prior to the Alma Ata declaration (34,35), a review of the literature by Kruske and Barclay shows that training programmes did not begin to be implemented in earnest until after the Alma Ata declaration in order to enhance PHC services (9).

In the decade following the Alma Ata declaration, training programmes were implemented in various locations around the world (9,36). TBA training programmes vary dramatically in their design and their implementation and are difficult to evaluate because of the variety of methods that are utilized, the skills that are taught, the way a TBA has been defined (i.e. if they were trained or traditional) and the ways that programmes have been evaluated (10). For example, in a meta-analysis of TBA training programme effectiveness, trainer selection criteria were only given in 11 of the 60 studies analyzed; the curricula content in only 35 studies; and the follow up supervision was given in only 29 of the studies (21).

Although TBA training programmes featured prominently in maternal health discourse especially during the 1980s⁵, gradually, throughout the 1990s, ideas about TBA training began to take a different direction with the focus shifting towards accessible emergency services (36) and increasing the number of SBA assisted births (5,9). By 2005, the World Health Report identified the most effective maternal mortality reduction strategies as increased professional care at and after childbirth backed up with hospital care. Training TBAs was viewed as ineffective because it diverted funds away from other strategies such as increasing skilled presence at birth (37).

The shift in policies appears to have occurred with little evidence to support it. An extensive review of TBA training programmes up until 2006 and updated in 2008 concluded that there were not enough studies conducted with sufficient rigor to decisively conclude that TBA training was ineffective. Alternatively, the authors concluded that it may be possible to reduce perinatal mortality when TBA training

⁵ For example, according to Starrs, two initiatives discussed at the 1987 Safe Motherhood Interagency Group (IAG) – antenatal high risk screening and TBA training – were the focus of attention (36).

interventions are combined with a responsive health care system (10). A meta-analysis by the same authors published in 2004 was not able to establish the relationship between TBA training and maternal mortality because “three of the five authors who addressed maternal mortality did not report the necessary sample sizes” (21)(p. 57). Rather than providing clear evidence of the failure of TBAs or of TBA training, the research more apparently illustrated failure on the part of policy makers to ensure proper evaluation of training programmes. As Sibley et al argue, the limited number of studies they were able to include in their review:

raises important questions about what constitutes sufficient evidence for informed policy and programming decisions; and about appropriate use, and how to maximize the validity, of non-randomized controlled trial study designs (10)(p. 19).

Although limited conclusions were made in the above study, the authors of the above reviews reported some promising news with respect to TBA training. One review reported some positive improvements including improvement in TBA knowledge, attitude, behaviour and advice when programs take place in the context of supportive health care systems (10). The authors also suggested that given available data, it seemed that very few TBAs were actually taught the skills that they would need to save lives (21). TBAs, then, have for the most part not been trained in measures that would make a real difference in maternal mortality and have been blamed when maternal mortality rates failed to drop.

Unfortunately, there appears to be little political desire to carry out evaluation of TBA training programmes. In fact, although TBAs continue to practice in many parts of the world, they appear to be disappearing from both research and policy altogether. For example, a 2003 policy statement published by the World Health Organization (WHO),

the International Federation of Gynaecology and Obstetrics (FIGO), and the International Confederation of Midwives (ICM) not only excluded TBAs from the definition of SBA, but also stated that “the best role for the TBA in the skilled attendant strategy is to serve as an advocate for skilled care, encouraging women to seek care from skilled attendants” (5)(p. 8).

2.3.2.3 TBA Experiences and Challenges in Health Systems

Postcolonial theory is concerned with understanding how the inequitable relationship between the coloniser and colonised has evolved into and manifests itself in the present (16). Given that TBAs interact with health care systems on terms not of their making, it is possible to use postcolonial theories to describe the TBA/Health System relationship in the present study. This section departs from the previous sections, and considers specific studies that explore TBA explanations of and experiences in health systems, revealing the complex and often contradictory effects of official policy statements relating to TBAs.

In the aforementioned joint policy statement, the WHO, ICM and FIGO recommend having a SBA present at every birth with TBAs advocated mainly as a means to encourage increased skilled attendance at birth. For this reason, the policy statement advocates creating working relationships with TBAs and offers suggestions for the ways in which TBAs might safely offer care to women. Some of these roles include linking families and communities to health services and providing health information (5). Using examples from Mexico, the United States, Costa Rica and

Guatemala, I will illustrate how these carefully written statements become much more complex when understood from the TBAs' points of view.

Davis-Floyd has used narratives from interviews with direct-entry Mexican and American midwives to illustrate problems that arise when they attempt to seek biomedical care for their labouring patients experiencing complications. She very clearly shows how the important knowledge the midwives try to relay about their charges is discounted once they reach the hospital and enter the realm of biomedicine. The result is significant and costly delays in treatment not from the negligence of the midwives, but from the way their knowledge is received once they reach the hospital. In turn, these moments create future implications for the way that midwives deal with the medical system. Although some of the narratives describe good relationships between biomedical staff and midwives, others clearly reveal troubling encounters that compromise the quality of future relationships (38).

Likewise, creating good working relationships between TBAs and SBAs, as is advocated in the policy statement (5), becomes complicated by devaluation of TBA knowledge, particularly given the importance placed on relationships in TBA practices. According to Berry (24), TBAs often receive conflicting information about best practices from NGOs, government programmes and workshops, and pharmacists. TBA's choices "concerning biomedical healthcare providers and their information are made by prioritizing trust between the provider and the [TBA]" (24)(p. 1964). When these relationships are not positive, how can the TBA possibly trust the staff to care for her patient?

Jenkins (39) reveals a contradiction in the role of TBAs as a link to biomedical services and communities (5). Using ethnographic data collected in a rural area in Costa Rica, Jenkins shows that although women now choose to give birth to their children in hospitals more often than previously, TBAs are still relied upon for their services in instances where it is not possible to reach biomedical care, hospital care is unaffordable, or biomedicine is unable to cure their problem.⁶ Some TBAs feel that their services are no longer valued the way that they used to be. The feelings of despair and dissatisfaction that accompany this perception lead to a desire to stop practicing (39). While the WHO policy statement advocates using TBAs as a bridge between communities and health services (5), Jenkins (39) reveals something more complex. She reveals changes in relationships between the TBAs she studied and their communities that lead to instances where they desire to stop practicing. When the TBAs stop practicing Jenkins argues that women unable to reach biomedical care will become more vulnerable than they were before.

Finally, the ability of TBAs to provide health information to their communities (5) becomes more complicated when understood within their own context. Berry uses ethnographic data gathered in Guatemala to illustrate why TBAs do not seek out assistance from biomedical staff and why women do not seek out emergency care when they experience physiological complications. She posits that:

the problem frequently is not that Mayan [traditional] midwives, their clients and families fail to understand the biomedical information about dangers in birth, but rather that this information fails to fit within an already existing social system of understanding birth and birth-related knowledge (24)(p. 1958).

⁶ For example, “misaligned babies” is a culturally understood condition that women believe must be treated or they will miscarry. There is no biomedical understanding of this phenomenon (39).

Berry notes that health care researchers and TBAs have different methods for establishing whether or not a birth is safe. Effects significant for researchers may not be significant to the TBAs because they are invisible at the village level. She makes her case using the example of uterine rupture during vaginal deliveries of women with histories of caesarean sections. While according to health researchers, women with a history of caesarean sections have an increased risk of uterine rupture during subsequent pregnancies, because of small numbers of birth at the village level and small numbers of women in Guatemalan villages receiving caesarean sections, Berry notes that TBAs may not ever witness cases of uterine rupture. In fact, TBAs witnessing healthy deliveries among the “at risk” population may view the “normal” birth as counter-evidence to the perception of risk. In addition, Berry’s study posits that women often did not go to the hospital when they experienced what biomedicine would recognize as an emergency because:

values and understandings of their pregnancies and births lead them to different evaluations of what constitutes an obstetric emergency, and what is the best way to handle it. They are, therefore, unlikely to appear at the hospital for obstetric care when the MSPAS dictates would be most prudent (24)(p. 1964).

Such narrative and ethnographic studies uncover realities about TBAs that are far more complex than is frequently described in WHO policies. They reveal a devaluation of “other” knowledge systems by biomedical staff (38); they reveal the important functions of TBAs as bridges to communities and to biomedicine (39); and finally, they reveal intelligent women who take the information that they learn, synthesize it and apply it as it relates to their own realities (24).

2.3.3 A Brief History of Nicaragua

Although great detail on the history of Nicaragua is beyond the scope of this thesis, some consideration of the context is essential for understanding the parteras empíricas' stories. In this section I will briefly comment on the four most recent political periods of Nicaragua: the Somoza dictatorship, the Sandinista revolution, the neoliberal reform years, and, more recently, the re-election of the Sandinista government. I will also give a very brief outline of how health care services were provided during each time period and provide an epidemiological profile of maternal health in Nicaragua.

2.3.3.1 The Somoza Dictatorship

Nicaragua is a country very much shaped by its political history. Walker comments that:

if, on the one hand, [Nicaraguan history] features incredible elite exploitation, mass suffering and foreign interference, it also includes a significant element of popular resistance, national pride, and human nobility" (40)(p. 9).

Since the Spanish conquest in the sixteenth century, Nicaraguans have been besieged by a series of foreign interventions (40), not the least of which was the imposition of European medical practices. Dr. Richard Garfield, an author who has published extensively on health care reforms in Nicaragua notes that the services provided by European healers after the conquest were most likely inferior to those practiced by Nicaraguans (41).

More recently, beginning in 1934, the Somoza family became rulers (both directly and through various "puppet presidents") of a dictatorship that would last until 1979. The dictatorship was characterized by gross disparities in living conditions between rich and poor and gross human rights abuses (40). During this time, there was no unified health care system. Rather, health care services functioned independently and inefficiently in

each separate province and health resources were heavily imbalanced in favour of urban areas (42). Health care workers were amongst the early participants in subversive activities against the Somoza regime and were targeted by the army. Because of this, many were forced into hiding and began providing services underground (41). As individuals increasingly realized their right to more equitable lives, they began to organize in resistance. During these efforts, PHC initiatives and associated community mobilizations were already taking place. Historians have posited that popular mobilization and training in the provision of health services made resistance efforts more effective (43) and helped lead to the overthrow of Anastasio Somoza Debayle, the last ruler of the Somoza dynasty in 1979 (40).

During the dictatorship parteras empíricas largely provided their services clandestinely for fear of persecution from the government. One partera empírica reports:

the practice of midwifery was prohibited. Midwives⁷ were persecuted and only the ones who received the training course – that was fundamentally about family planning – were permitted to work (35)(p. 26).

Some training programmes for TBAs did exist in Nicaragua prior to the revolution, mostly run by Christian mission hospital personnel, some of whom were known to have prepared courses on their own. USAID also provided some training to the parteras empíricas in Nicaragua prior to 1979, but the program was criticized as being designed mostly to encourage contraceptive use (35). Although one source reports approximately 21.3 TBAs per 10,000 population in Nicaragua in 1974 (34), given the fear of persecution and the clandestine nature of midwifery services described above, it is

⁷ The Spanish word usually used in most documents I read and analyzed was “partera.” I have chosen to translate this literally as “midwife.” Please note that when the midwife speaking refers to “midwives” what she means is parteras empíricas and not midwives as defined by the ICM.

difficult to provide a valid estimate of the number of parteras empíricas working in the country at that time.

2.3.3.2 The Sandinista Revolution

After the 1979 revolution, the newly formed Sandinista government made providing free medical services to the people a priority. On the 8th of August, 1979, the Sistema Nacional Único de Salud (SNUS, or the Unified National Health System) was formed in order to provide better services to the population. Popular health councils, represented by both medical and non-medical personnel, were created to identify health needs (44). Each health centre was structured so that it would support a series of health posts staffed by doctors, nurses and community health volunteers called brigadistas (45) and had staff dedicated to identifying and supporting the community resources, including TBAs. It was during this time that TBA training programmes began in earnest. At that time there were estimated to be about 15,000 parteras empíricas practicing in Nicaragua (35).

Health reforms during this period are credited with creating incredible improvements in the health of the population. For example, it is commonly reported that infant mortality rates fell from 80 per 1000 to 50 per 1000 during this time period (46). Although population health undoubtedly experienced great improvements during this time, care is advised in the interpretation of such statistics.⁸

⁸ Consider, for example, the following excerpt where Garfield highlights some of the problems with statistics:

During the Somoza regime, a minister of health was asked the infant mortality rate. 'What is the rate for Costa Rica' he shot back. 'Forty per 1000' an assistant replied. Then ours is 38. The actual figure at the time was about 110, but many Sandinista supporters have inflated this figure to 200 or more during the Somoza period. Not to be outdone, new right apologists for the Regan 'holy war' against Nicaragua went so far as to report a smallpox epidemic, although this disease had been eradicated from the globe 7 years earlier (41)(p. XV).

Throughout the 1980s, Nicaragua was devastated by a war with U.S. sponsored contra militia that ruined the economy, diverted funds away from social programmes and health services and destroyed health facilities. Loss of civilian life and hardships of living in a war zone caused immeasurable psychological distress and the U.S. embargo made access to all goods, including medicines, extremely difficult (47).

2.3.3.3 Neoliberal Reform Years

When the Sandinistas lost the elections in 1990, the new government implemented four major changes in health service delivery: “overall spending reductions, spending priorities for secondary care over primary care, privatization, and the promotion of user fees” (46)(p. 114). These policies devastated the health care system. Social service spending decreased, many hospital services were privatized (46), and restructuring, downsizing and shuffling of workers for political reasons was reported as frequent during this time (48). These features characterized the next sixteen years of Nicaraguan history.

In 1999, the Proyecto Desarrollo de Los Sistemas Locales de Atención Integral de Salud (PROSILAIS) conducted a study in order to categorize the midwives working in Nicaragua at that time (49). The study provides the most recent profile available of the Nicaraguan midwife. A scale was used to divide the midwives into three groups: Category A represents the more highly educated, urbanized and younger midwives while Category C represents the least educated, older, rural midwives. Most of the midwives (81.6%) are in Category B. These midwives are between 45 and 60, may or may not be literate, and have an average of 22 years of experience. There were estimated to be 4934 midwives practicing in Nicaragua in 1999, with 273 working in the

department of Estelí, where this study took place. When compared with the 15,000 midwives thought to be practicing in 1985 (35), one notices a very dramatic decline in the number of practicing midwives.

2.3.3.4 Re-election of the FSLN Party

In 2007, the Sandinista party was re-elected and Daniel Ortega once again became president of Nicaragua. Although I visited numerous libraries and spoke with local health workers, I was not able to get a sense of the direction that health care is taking right now. Of note, and some say indicative of the policy direction, is a new law making all abortions in Nicaragua illegal.⁹ Although I was not able to find a specific law banning the practice of midwifery in Nicaragua, there certainly seems to be a perception among the parteras empíricas and TBA trainers that I spoke to that there is less support for TBA training than there used to be, and certainly the current trend seems to be (successfully) moving towards increasing the number of births in the hospitals. As the number of practicing parteras empíricas continues to decrease, so too do the number of births attended by parteras empíricas. During the first quarter of 2009 in Estelí, of over 1600 births that had taken place, only 14 of them were in the home and the rest had taken place in institutions while the year before only 40 births had taken place in the home.¹⁰ As the practice of midwifery decreases, and the parteras empíricas referred to by the TBA trainers as the “midwives of before,” become older and die, one must question how much longer a space for midwifery will exist.

⁹ It is popularly reported that right before the general elections in November, 2006, abortions were banned completely in Nicaragua. Nicaragua now experiences some of the most restrictive abortion laws in the world (67). A recent human rights watch report provides details of cases where women have died as a result of these unsafe policies through lack of medical attention for complications (68), and even more recently the government has come under criticism for failing to treat “Amalia”, a 27 year old pregnant woman and mother denied treatment for cancer due to concerns for harming the foetus (69).

¹⁰ According to unpublished data obtained from the SILAIS in Estelí, Nicaragua.

2.3.3.5 Epidemiological Profile of Maternal Health

Nicaragua continues to experience many health challenges, particularly with respect to maternal health. In 2001, the total fertility rate was estimated at 3.2 children per woman and the crude birth rate was 26.9 per 1000 population.¹¹ Although high, birth rates in Nicaragua are decreasing and the population pyramid is becoming broader. Nicaragua has a high proportion of young mothers. In 2004, adolescents accounted for 27.4% of all births. Maternal mortality rates (MMR)s fluctuate. In 2004, it was estimated to be 87.3 per 100,000. The highest rates were in 1996, 1997 and 1999 (50).¹² Leading causes of maternal mortality in Nicaragua are listed as: postpartum haemorrhage, puerperal sepsis and eclampsia (50).

This chapter has provided a contextual background upon which to place the stories of the parteras empíricas later presented. While each piece of literature offered deepens the story, it also illustrates the complexities inherent in telling life stories. The review offered in this chapter is a humble introduction, based on my own understandings, of a national and global perspective on the role of and literature relating to TBAs that may assist in understanding how the role of the partera empírica is perceived by themselves, their health care system and the international community.

¹¹ In comparison, the total fertility rate in Canada in 2002 was estimated to be 1.5 per woman and the crude birth rate was 10.7 per 1000 population (50).

¹² In comparison, in 2005 the MMR in Canada was estimated to be 7 per 100,000 while the Nicaraguan MMR was estimated to be 170 per 100,000 (11).

CHAPTER THREE: METHODS

This chapter discusses the epistemological assumptions and methodology used to approach this study and explains how the data collection and analysis were carried out. Testimonial and oral life histories are presented as methods influencing the research design. I discuss the role of the researcher, how research relationships were established, how the data was collected and analysed, and how the stories were constructed.

3.1 Constructivism

In order to consider how this study answers the research questions, it is necessary to consider which paradigm it will be approached through. Lather (19) advocates for “paradigm talk” as a good way to consider the complexities of the research question. A constructivist paradigm is based on the belief that meaning and language is a socially produced construct (51) where multiple realities can be explored and knowledge is co-created by the researcher and participant (as co-narrators) (52). The narrative or research story that is created results “from a bricolage of the narrators’ self-conceptions in the temporal moment, place, or historical context in which the narrative is told, the depth of the relationship between the narrators, and the purpose of the conversation” (53)(p. 151). This means that the narrative told is not just about one particular moment or experience: it is layered by all the other experiences that came before and after to shape the present experience. When constructivism is applied to my study, it means that the larger social context and social structures that exist affect the meaning that the parteras empíricas give to their experiences. This applies not only to global structures like the WHO, but also to their own communities. Furthermore, the

parteras empíricas and I co-created the stories therefore the meaning and knowledge gathered from them are shared creations between us both (52).

3.2 Narrative Inquiry, Oral Life Histories and Testimonios

I use a form of narrative oral life history called testimonio or testimonial life history as my principle guiding methodology. The following section briefly describes the components of narrative inquiry, oral life history and testimonial life history incorporated into this research project.

3.2.1 Narrative Inquiry

Although “narrative” is referred to in many different ways in qualitative research, my study takes the position that narrative inquiry is a category of qualitative inquiry (54). Narrative inquiry is a way of looking at an experience holistically. It assumes that life “is filled with narrative fragments, enacted in storied moments of time and space, and reflected upon and understood in terms of narrative unities and discontinuities” (55)(p. 17). Instead of focusing on pieces of the stories or weeding out themes, narrative inquiry focuses on the whole experience. Experience is recognized as a personal and social construct where each past, present or future moment is defined in some way by experience. Due to the constantly changing nature of the world and its actors, a phenomenon may only be understood from its point of reference (55). Because the world constantly changes, it is impossible to completely capture reality. By its nature narrative is already a memory of what has occurred in the past and is shaped by the past layered upon the present perception of those who offer it (55).

Because we learn to make sense of reality through narratives, narrative inquiry is an excellent method through which to understand experiences. Narrative inquiry is defined as:

a collaboration between research and participants, over time, in a place or series of places and social interactions with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories and experiences that make up people's lives, both individual and social (55)(p. 20).

Essentially, narrative inquiry assumes a value-laden world where tensions between people, actions, uncertainty of meaning and context shape the understanding of an experience. This experience is what shapes the research – it is through experience and through stories that we make sense of the world that we live in. The created understanding is complicated by the meanings that the researcher adds onto the meanings given by their participants (55).

3.2.2 Oral Life History

More specific methodologies such as life history or oral life history exist within narrative inquiry. An oral life history is used to uncover the meaning that people give to the events and social contexts that shape their lives (54) and is based on the fundamental assumption that “the general can best be understood through analysis of the particular” (1)(p. 12). It is a:

representation of human experience that draws in viewers or readers to the interpretive process and invites them to make meaning through judgments based on their own reading of the “text” as it is viewed through the lenses of their own realities (1)(p. 11).

The writing of the oral history is not the defining feature of the methodology. Rather, the key to the methodological approach lies in the theorizing of the understanding that comes from the story without making the claim that “truth” or “understanding” can be

reached. An additional feature of note is that life history research requires that the research be made visible in the text in recognition of their role as co-creators of the texts (1). I include autobiographical notes throughout, and in the introductions to the stories in 4.1 and 5.1 so that the reader may understand how my role in the interview process shaped the creation of the stories.

3.2.3 Testimonial Life Histories

Testimonial life histories are a type of oral history frequently used for social justice purposes (20). Testimonios are “the affirmation of the authority of personal experience, but unlike autobiography . . . cannot affirm a self-identity that is separate from the subaltern group of class situation that it narrates” (56)(p. 548).

A testimonio or testimonial life history is defined as:

a body of works in which speaking subjects who present themselves as somehow ‘ordinary’ represent a personal experience of injustice, whether directly to the reader or through the offices of a collaborating writer, with the goal of introducing readers to participate in a project of social justice (20)(p. 7).

In this thesis, I take Lather’s position that testimonial life histories are meant “not just to voice the voiceless but to prevent the dying” (19)(p. 44). Usually a testimonial life history is urgent in nature (56) in order for the narrator to resist against the injustice that is occurring, demystify herself, and obligate the reader to take action (20). In order to attend to the urgent need to address an unjust social situation, the narrators are able to speak for the larger society to which they belong because they might not otherwise be heard. The stories the narrators tell imply solidarity between narrator and listener in the struggle for social justice (20). One of the most famous examples is the testimonial life history of Rigoberta Menchu, a Guatemalan Quiche woman who describes the silenced

history of her people and the gross abuses that they suffered (57).¹³ Her book has been the subject of controversy because she is accused of giving testimony to events that she was not personally present for (56). Although the debate surrounding Menchu's testimonial life history is extensive, briefly, this study takes the position that "the story of history can [not] be told in one coherent narrative" (12)(p. 31). Testimonial life histories are only one way to tell a story. I recognize that there are other ways to tell a story and that it is not possible for the stories I have created to capture all of the elements of the participating parteras empíricas lives.

3.3 Role of the Researcher

As mentioned previously, knowledge is co-created between the researcher and the researched (52) and the researcher plays a participatory role in the creation of life histories (55). Positioning the researcher thus contradicts traditional ideas of "objectivity" in research and insists that research is an "endeavour where the perspectives of two or more individuals converge and intersect" (1)(p. 10). This is "not to deny the power differential inherent in a relationship between a researcher and participant by virtue of their roles" (1)(p. 26), but rather to acknowledge that the values and assumptions that a researcher brings are implicit in the work that they do and must be carefully considered (55).

3.3.1 A Little Bit About Me

Life history methodology maintains that researchers play a central role in the creation of the texts and must therefore acknowledge their own assumptions as

¹³ I recognize that feminism resists representativeness, but it does allow understanding of larger contextual issues (17), which fits with testimonial literature.

influencing the insights the researchers will gain (1). In this section I further position myself in terms of my values and assumptions. To begin this dialogue, I have included two pictures (figure 1 and figure 2) of myself: one taken of me bottle-feeding a deer I raised at my parents' farm in rural Saskatchewan and the other taken after hiking an hour into the mountains to visit one of the participants in this study. Each picture represents pieces of me that should be acknowledged as influencing this text. I am a rural farm kid who came to this master's programme though my background in nursing. I have been schooled in biomedical, western ways of thinking about health and illness, have travelled to various Latin American countries including Nicaragua, Costa Rica, Honduras, Cuba and Mexico, and have a (mostly) rural Saskatchewan upbringing. All of these experiences very much influence how I view the world. Through the global health classes that I have taken through the University of Saskatchewan, through my experiences in my local and global communities, through the time I have spent travelling and living in Latin America, and through the books I have read and the people I have encountered in my life, I have become deeply interested in global health and global equity. I believe that knowledge is not the property of academic institutions or regulatory bodies and I am critical of the way that knowledge is controlled by governing bodies such as the WHO, the ICM, or even the Saskatchewan Registered Nurses Association (SRNA) (of which I am a member).



Figure 1: Amy at the family farm, 1999.



Figure 2: Amy traveling to visit a partera empírica, 2009.

3.3.2 Researcher, Narrators and Audience

The researcher is not the only voice that must be paid attention to. In testimonial life histories, the voice of the researcher, narrator and audience all have particular roles that warrant further consideration. After all, it is through our relationships that we come to make meaning of events. Ultimately, the “narrative is a joint production of narrator and listener” (54)(p. 657).¹⁴ It is necessary, then, to consider how these relationships are woven through and influence this study.

Each piece of data that is used is formed as the result of some kind of relationship (55). In this study, I collected the majority of the data myself. I met with and interviewed the parteras empíricas and TBA trainers and I took their pictures. The

¹⁴ I take this to mean that the narrator is the person who is telling the story while the listener is the researcher, or the audience listening to the story (54).

resulting interviews were the result of a relationship that was formed between me and the participants, but every single research participant was introduced to me through somebody who had a long-standing relationship with them. Although I will comment on my own relationship with the *parteras empíricas* in the introduction to their stories in 4.1 and 5.1, these initial relationships with TBA trainers or mutual acquaintances are noteworthy because they allowed for the necessary trust in which to conduct an oral life history study in a relatively short period of time and ensured that the research was conducted in a way that was respectful in a Nicaraguan context.

In testimonial life histories, the researcher's role is one of solidarity and it is the narrator's voice that is dominant (56). Testimonial life histories have been criticized for their ability to reinforce power imbalances by taking the stories of the narrator, translating it into a written document the narrator is unable to read, and bringing it to an academic audience (20). When Ruth Behar (58) wrote the oral life history of Esperanza, a Mexican street vendor, she compared herself to a "literary broker," charged with the task of ensuring the safe transport of Esperanza's story across multiple borders to a land she may not reach (the United States), in a language she cannot speak (English), and to an audience she would not otherwise be able to infiltrate (academia). In doing so, Behar questions "whether [she] can act as [Esperanza's] literary broker without becoming the worst kind of coyote, getting her across [the border], but only by exploiting her lack of power to make it to *el otro lado* any other way" (58)(p. 234). I have done something similar by taking the stories of the *parteras empíricas*, translating them into a language they are unable to read and inserting them into my thesis. Like Behar, I have fretted about reinforcing power differentials, but I have also ensured reciprocity

whenever possible.¹⁵ For every partera empírica that I interviewed, I returned to read her the constructed story and leave a written copy in Spanish in order to ensure that some pieces of the project would remain in Nicaragua. It is important to recognize that the parteras empíricas also had their own ways of negotiating relationships with me and ensuring their own desired reciprocity in ways that were sometimes invisible to me.¹⁶

In keeping with testimonial traditional where the intent is for people who have been traditionally silenced against some form of oppression to be heard, the narrator speaks out against some form of oppression (20) and, if desired, makes him/herself known. Except for the case of one TBA trainer, who asked to remain anonymous, all of my participants wanted their names to be used in the text, and I have honoured those wishes.

Testimonial literature recognizes that the researcher carries an obligation to the narrator that also involves the audience. When creating the stories, the researcher seeks to ensure that the relationship between audience and narrator remains one of uncomfortable solidarity. The audience is to be made to feel obligated into action. The assumption is that when the audience feels like an insider, (s)he does not feel directly obligated to act on the structures of imbalance. The researcher can help by ensuring

¹⁵ I suspect that the time that my participants have given to me was far more beneficial for me both academically and personally than it ever will be for them. They graciously spent hours talking to me about their lives, clarifying questions that I had, introducing me to their families and communities and ensuring that I felt very welcome. In return I gave them short histories about their own lives, with some photos for them to share with their own families and communities. I will never know if or how that gift was valued. In addition to the two short stories presented in this thesis, three additional stories from three different participants were constructed, read to, and left with the parteras empíricas and I will also be returning a larger compilation of their stories to one of the TBA trainers in Nicaragua.

¹⁶ One particularly memorable experience involves a partera empírica sending a message to me through a friend that I should come to her home on a specific day to take some pictures I had been trying to arrange for awhile. Later, I found out from a mutual acquaintance that she had her own reasons for wanting the pictures taken that day far removed from my thesis. She very cleverly arranged for me to unwittingly become the participant in her plot. I only discovered later, by chance, through a series of conversations between other people that eventually made their way back to me.

that the audience is forced to challenge his or her social order and to think critically (20). One way to motivate the audience to self-reflect is to write emotively or vulnerably. As Behar notes, “when we write vulnerably, others respond vulnerably” (59)(p. 16). By keeping the tone conversational the audience remains engaged, is obligated to respond to the vulnerability and will make [him/herself] more visible to [him/herself]” (59)(p. 58). In order to write vulnerably, I have purposefully inserted myself into the text to offer the reader insight into the intellectual journey that I have undertaken throughout this research project, and to make myself as “vulnerable” as the participants have been made.

3.4 Data Collection Methods

Data collection in oral life history research is not a rigidly defined process. Because of the time required, smaller numbers of participants are usually used with the understanding that there should be sufficient participants and data to allow for many “points of intersection between the reader and the life portrayed” (1)(p. 71). Cole and Knowles advocate for treating the research process:

more like a commonplace endeavour of thoughtful, reflexive, and systematic action than a highly specialized, complex undertaking requiring particular knowledge and skills in ‘scientific process’ (1)(p. 71).

The data collection and analysis process for my thesis unfolded in a nonlinear manner. The intent of the following section is to describe how relationships with the participants were established, the limitations and de-limitations of the study, how the interviews were conducted, and how the complementary data was gathered.

3.4.1 Establishing Research Relationships

Initial entry was facilitated by my contact with a TBA trainer, who agreed to assist me in establishing relationships with parteras empíricas working around the department of Estelí. After I sent her a short outline of the research I planned to conduct and she agreed, I relocated to Estelí, Nicaragua from January to July, 2009 to collect and write the stories. Although I had already spent some time in Estelí in 2007 for a global health issues class offered at my university and had already taken a number of Spanish classes both in Canada and in Nicaragua, I spent the first five weeks taking Spanish language classes at the Escuela Horizonte in Estelí to ensure I would have the necessary language skills to conduct interviews in Spanish,¹⁷ and to get used to living a different rhythm of life.

After I completed the classes, I made contact with the TBA trainer and began searching through her personal archives as a point of entry into this study and to begin the process of “revisiting, remembering, and interrogating” (16)(p. 4) the past. The documents consisted of old training manuals (some were complete in book form while others were disorganized pieces of manuals that had been created by foreigners who had long since come and gone), old conference proceedings and anything else related to parteras empíricas that the TBA trainer had managed to get her hands on over the years. Some were readable and other had fallen victim to time.¹⁸ Together, we generated a semi-structured interview guide in order to begin the dialogue between myself and the research participants (60). The interview guide (See Appendix II) was created based on “guided principles” (1) and review of the TBA trainers’ archives.

¹⁷ Although the majority of Nicaraguans speak Spanish, there are many slang words used colloquially that I was unfamiliar with, especially in the countryside where the majority of the research was conducted.

¹⁸ Nicaragua, a tropical and humid country, does not create a good environment for preserving paper so it was quite remarkable that some of the surviving documents dated back to 1963.

3.4.2 Study Participants

Because the purpose of this study is to gain an in depth understanding of a small number of parteras empíricas (1), my concern was to choose a number that would allow for the necessary depth and understanding, therefore two parteras empíricas were selected to participate. Selection criteria included being identified by a TBA trainer as a partera empírica and having over twenty years of work experience. In addition, key informants were selected with at least twenty years of experience working with parteras empíricas and some experience with the health system.

3.4.3 Collection of Data

In narrative inquiry, data can be collected in a number of ways including field texts, temporal stories, journals, letters, conversations, interviews, annals and chronicles, family stories told across generations, documents, photographs, memory boxes and other personal, family, or social artefacts. The units of data that are collected are woven into the story to give it a sense of being whole. There are no rules that define how data must be collected and understood; rather narrative inquiry is open to imagining possibilities that make a good fit with the study being conducted (55) and therefore affords many opportunities to be creative in the construction of the experience. In its traditional form, a testimonial life history is born from the narrator's need to expose an injustice that is occurring (20). My study departs from testimonial life history methodology in the sense that it is based loosely around my research questions¹⁹ and began with the support of a Nicaraguan TBA trainer. Still, giving voice to the voiceless is

¹⁹ I embrace this departure from testimonial methodology as a unique opportunity to approach research not only from a point of resistance consistent with postcolonial literature (18), but also as an opportunity to reflect from a Western point of view on the need for Western institutions placed in authoritative positions (14) to critically review their own need and responsibility to resist reinforcing power imbalances and to consider alternative ways of knowing.

consistent with the methodology, whether the need for exposing injustice is expressed or not.

The data collection process began after the creation of the interview guide. With the TBA trainer, I set out to interview the first partera empírica although later I conducted the interviews myself. The data gathering was a non-linear process. I interviewed some parteras empíricas, I searched through libraries in Estelí, I began creating stories, I went back to the literature and I went back to the parteras empíricas themselves. I tried to allow space and time between the interviews in order to gain trust and establish rapport with the participants (60) as well as allotting time for personal reflection, review, clarification, and transcription of the conversations. I did not transcribe the interviews myself. Instead, two Nicaraguan women transcribed them for me and I later reviewed and clarified them.

Interviews with Nicaraguan parteras empíricas from the Estelí area are the primary data for this study. In order to complement the data collected from the interviews, I considered what methods would most effectively contribute to a “whole” story. Clandinin and Connelly (55) advocate for the use of data that creates an adequate space for critical reflection so I gathered a variety of other data to complement the interviews. Training manuals, policy documents and other information available to me through review of the literature and review of the TBA trainer’s archives as well as other libraries were layered onto and woven through the stories as necessary and as available. Recognizing that “photographs mark a special memory in our time, a memory around which we construct stories” (55)(p.114), I also obtained pictures of the parteras empíricas.

In total, four parteras empíricas,²⁰ one woman who identified herself to me as a midwife and three TBA trainers were interviewed. These participants were selected based on convenience and referral from my contacts. My contacts initially approached the participants and asked if they would be willing to participate in a research study with me. If they agreed, I made contact with them and we conducted the interview. Many participants lived in remote locations several hours by bus or by bus and walking from the nearest city. Due to the remoteness of their location, the unpredictability of Nicaraguan life, (you never know when a tropical rainstorm is going to hit, a bus will break down, or somebody will unexpectedly be called from their home), and the coordination required to reach a location (sometimes I needed to arrange for guides ahead of time), most of the interviews had to be conducted the same day that the participant agreed to be interviewed.

The purpose of a testimonial life history is to incite the audience to act against some form of injustice (20). In order to convince the audience that there is a form of injustice occurring, and to “make [themselves] more visible to [themselves]” (20)(p. 56), I also gathered data on, and use examples of academic literature and international position statements to explore the relationship between the parteras empíricas and our own roles as researchers, academics and global citizens in the reproduction of knowledge.

3.5 Construction and Reconstruction of the Stories

A narrative analysis assumes that “life does not stand still; it is always getting in the way, always making what may appear static and not changing into shifting, moving,

²⁰ All of the parteras empíricas were interviewed or visited more than once. One was interviewed three times and visited four times, two were interviewed twice and visited three times, and one was interviewed once and visited twice.

interacting complexity” (55)(p. 125). The challenge in analyzing narratives is to honour experience as temporal; to see people as “becoming rather than being” (55)(p. 145). Once all of the data has been collected, narrative inquiry must find a way to shape events into a meaningful whole by analyzing all the data in terms of how it creates a sense of wholeness (54). The construction of the stories occurred in two stages: the first involved their translation into English and the addition of footnotes for the sections requiring clarification. In life history research, once all the data has been gathered and it is time to make sense of it all, the researcher should be:

reviewing the purposes of the study; organizing information gathered; considering processes and issues related to analysis; exploring preliminary understandings; imagining possibilities for representational forms; and deciding on and considering the audiences [they] want to reach with [their] work (1)(p. 94).

The purpose of this study and research questions were repeatedly reviewed and modified throughout the data gathering and analysis process in consideration of what questions the data could best answer and to create the space for the participants to be the “editors of [their] own public story” (1)(p. 38).

Cole and Knowles advocate for allowing the speaker to have close contact with the interview transcripts (1), although in this context it was not always possible. In order to keep the stories grounded in the participants’ experiences and to make them the “editors” of their own story, the constructed stories were read back to the parteras empíricas to see if they saw themselves reflected in the story or if they wanted pieces omitted from their “public story” (1).

After the first interview had been conducted, I listened and re-listened to the tape recordings and transcripts of the conversations and began organizing them both chronologically and according to topic in order to organize the transcripts into something

resembling a story. The process of organizing the transcripts occurred at my kitchen table in Estelí using Microsoft Word. Once the data was indexed and read and re-read, important insights as to how they fit together were revealed (55). The transcripts were highlighted according to topic and chronology and the *parteras empíricas* stories were shifted in a way that made sense to me as I read them. From this process, I discovered areas that needed clarification and went back to the *parteras empíricas* to ask them to further elaborate at the next interview. After the next interview, the whole process was repeated again until I had a story that I could take back to them. Once the final version of the story had been constructed I went back to the *parteras empíricas* to read it to them one more time and to get their final approval. With their consent, the stories were read to a local TBA trainer, who, because of her role, was able to offer additional clarification of colloquial terms and chronology of events. Back in Canada, I again reviewed the stories in their Spanish form, compared them with the original interview transcripts and organized them in a way that allowed them to be understood. At this point, I translated the stories into English and summarized them into an abbreviated form that could be used in the thesis. A translator was hired to translate some of the sections from Spanish to English and I compared them with my own interpretations. Appendix VI and VII present both the English and Spanish versions of the stories.

Through this back and forth process, my insights and understandings of the stories of the *parteras empíricas* were constantly changing. Clandinin and Connely advocate the use of interim texts to provide the space to reflect upon how the different pieces of data weave themselves together into a whole story (55). I used the “interim” period to reflect on how the additional data could best be used to complement the

stories. As I read and re-read the stories, I noticed gaps as a) meanings embedded in the stories became revealed to me, and b) I felt that more clarification and context was needed for the audience. In order to address the gaps, footnotes with clarifications were added and are presented here in the final English version.

3.5.1 Issues of Representation

Life history researchers posit that “there is no *true* version of a life. . . There are only stories told about and around a life” (1)(p. 235). Care must be taken, however in order to present the findings in a meaningful way, therefore “voice, signature and narrative form, and especially audience must be attended to” (55)(p. 146). The multiple voices of the researcher, narrators and audience must all be honoured in the final representation. Signature refers to both the researcher’s voice that comes through in all of the meanings of the text and the global representation of the narrator in the texts. Questions like “Is this you? Do you see yourself here? Is this the character that you want to be when this is read by others?” (55)(p. 148) must be asked. These are important questions to consider in postcolonial and feminist frameworks because of the concerns surrounding representation (16,17). Throughout the research process I continually reflected on and revisited my data and considered and agonized over how the stories represented Doña Eugdocia and Doña Carmen. I worried that I would represent them in a way that they would find insulting or that my stories would only serve to further marginalize them. Ultimately, representation was achieved by reading back the stories to the parteras empíricas to have them confirm that they heard themselves in their story and reading their story to a TBA trainer in order to confirm that she heard other parteras empíricas lives reflected in the stories.

3.5.2 Trustworthiness

My study is based on feminist concepts of representation: the intent of my study is not to discover how to accurately represent a group of people. A feminist vision resists classifying people out of fear that this serves only to further marginalize (17), raises concerns about how research has traditionally be done to the “other” (15), and necessitates using something different.

Lincoln and Guba talk about trustworthiness as an alternative to validity. Trustworthiness is based on the idea that multiple realities exist that can only be interpreted through the context of a particular situation. The inquiry is bound by the experience of the inquirer as well as the choice of paradigm and theory. Criteria for trustworthiness are based on techniques including credibility, transferability and dependability. Credibility is established by having a long engagement in the field, member checking, and triangulation (61). Data collection for this study took place over a period of six months in order to give me the necessary time to “engage” in the field and gain credibility. Furthermore, the relationships that I created with my participants were formed as part of larger, longstanding relationships between the participants and my contacts (who referred the participants to me). Because my study uses narrative analysis methods, signature is an important tool with which to consider credibility, meaning that the participant should be given the opportunity to decide if they feel well represented in the finished product (55). Stories were continually brought back to the *parteras empíricas* in order to ensure that they felt represented. I read and re-read pieces of our conversations, asked them to elaborate certain points, and presented and read to them a final Spanish version of their stories in order to give them the opportunity

to comment if they heard themselves in the text or not. I also gave them a copy of their story in the form of a book as a form of member-checking (61).

Input from key informants, documents, and policy statements enable triangulation of the data and link TBA experience to a larger national and international context (61).

The stories were read to a local TBA trainer to ensure that she felt the stories resonated with other parteras that she knew. Transferability means that the narrative is sufficiently rich in data that another reader would be able to draw a similar conclusion as to that of the researcher (61). Great care was taken to ensure that the essence of the content of the interviews with the parteras empíricas were included in the stories. Given that these interviews were collected in Spanish and translated into English, it is necessary to evaluate the interpretation of the translations in order to determine transferability.

Appendix VI offers the original Spanish version of the stories.

3.5.3 Ethics

In this study, I sought to ensure that the research was conducted in a way that was respectful of and honoured the voices of the participants. All research being conducted by persons connected to the University of Saskatchewan must be reviewed and approved by the Research Ethics Board or Committee. This study was approved by the University of Saskatchewan Research Ethics Board on March 24, 2009. Although no ethics review board exists in Nicaragua, I worked closely with a local and respected TBA trainer to ensure that all aspects of this research were considered respectful in a Nicaraguan context. I translated the consent forms into Spanish and reviewed the translation with a bilingual Nicaraguan to ensure the accuracy of the translation. Later, the consent forms were presented to a TBA trainer for her approval. I followed the

guidelines set out by the review committee at the University of Saskatchewan and relied on my contacts in Nicaragua to approach potential participants for recruitment. Copies of the consent forms in English and Spanish can be found in Appendix III and IV. The next chapter presents the completed, translated stories of Doña Eugdocia and Doña Carmen.

CHAPTER FOUR: DOÑA EUGDOCIA

Chapters four and five present the stories of Doña Eugdocia and Doña Carmen, two parteras empíricas who live and work in the Estelí region of Nicaragua. The stories answer the research question: *What do the stories of parteras empíricas in Nicaragua reveal about their experiences in their communities and with the health care system?*

Because I acknowledge that stories are influenced by the relationship between researcher and participant (54), I have provided introductions to create an understanding of how our relationships were created.

4.1 Introducing Doña Eugdocia

I first met Doña Eugdocia on March 29, 2009. At the invitation of a local TBA trainer, I joined a brigade of Nicaraguan doctors and nurses who were spending the day providing services at one of the rural health posts (figure 3) to the people living around her community.



Figure 3: Picture a rural health centre in Nicaragua, 2009



Figure 4: Picture of the road to the rural health centre, 2009

We drove in a bus from Estelí for two hours up windy, narrow, bumpy dirt roads (figure 4) dropping doctors and nurses off at various health posts along the way. Although I knew that there were midwives living in the community before I left and knew there might be a possibility to recruit some, I did not actually meet Doña Eugdocia until the TBA trainer had first spoken to her and asked her if she would be willing to talk with me. Doña Eugdocia's house was about a ten minute walk from the health centre at the edge of her town. I remember ducking through her tiny door-way to find myself face to face with a small, wise looking woman dressed head to toe in white, readying her empanadas to sell outside of the health centre. She greeted me quietly, and told me that I could interview her while she was working. I tried to politely suggest that later would be better, when it would be quieter. I interviewed her that afternoon, after most people had gone, at the bus stop right beside the health centre, as was her request. I had created a mini semi-structured interview guide with the TBA trainer to prompt my questions (see Appendix II) because I was worried that I might get lost. Indeed, her thick accent took me awhile to become comfortable with. She used a lot of Nicaraguan campesino slang that I needed to ask clarification for. To me, the interview felt like a

complete disaster from start to finish and barely lasted twenty minutes. I felt awkward; rushed; frustrated that Doña Eugdocia didn't say the things that I thought she should; and later, angry with myself for being too controlling in the interview process and not asking the "right" questions. Afterwards, I listened to the recordings of our conversation over and over, feeling worse and worse every time. I didn't want to go back to her community or to ever see her again because I felt like she must have thought that I was a terrible person. Fortunately, I did go back. Almost a month and a half later, I found myself once again in her community as a guest of the nurses working at the health centre. I spent two nights with them, and saw Doña Eugdocia often. During this time, Doña Eugdocia and I were able to become better acquainted. I learned that she didn't feel the same as I had at all – in fact she was proud that somebody from as far away as Canada had come to talk to her about her work.

Thankfully, Doña Eugdocia agreed to a second interview. This time, she told me that I could interview her in one of the empty rooms at the health post. We each sat on either end of an examining table, and I again explained my study to her. One of the nurses read some of the consent form for her, I explained the rest, and she agreed to participate. This time I didn't use an interview guide and although I found the interview to be exhausting, the conversation seemed to flow much more freely. Most of her story, presented in the next section, came from this interview. I returned to Doña Eugdocia about a month later to read her the story I had created and to see what she thought about it. I arrived in early morning and read it to her while she made tortillas and fed her family as they came and went from her house. At first she didn't say very much, and I worried that she might not be interested, or even offended, but every time I asked her if

she wanted me to stop, she would urge me to continue, and every once in awhile I could see her smile. By the end, her husband, son and grandchildren had all joined us and were adding their own comments. Doña Eugdocia told me that she loved the story and didn't want to change a thing, but after the TBA trainer and I reviewed it, I made a few minor revisions based on her suggestions. Doña Eugdocia spent her whole life living in the mountains, where time and life has a different rhythm than we North Americans are used to. The TBA trainer pointed out a few dates that were off, corrected some grammar (likely my error), and explained to me the meaning of some Nicaraguan slang words that Doña Eugdocia used. The original story was too long to fit into my thesis, so when I returned to Canada, I again reviewed the transcripts, re-organized the story, and took out the parts that were less relevant to my research questions. Except for taking out repeated words and occasionally restructuring sentences to make the story read more easily, I tried to keep the testimonio as close to Doña Eugdocia's own words as possible. I used footnotes to clarify terms, to frame her story within a larger context, and to add my own observations and memories from the experiences.

4.2 The Story of Doña Eugdocia Arroliga Palacios



Figure 5: Picture of Doña Eugdocia Arroliga Palacios, 2009.

4.2.1 A poor girl couldn't study

Well, my name is Eugdocia. Eugdocia Arroliga Palacios. I'm sixty five years old right now, but I was thirty six years old when I started my work as a partera.²¹ At this moment, I have attended more than one hundred births.

I was born and raised in the community of Bolsón, just ahead of Estelí in the department of León.²² My father was poor, but he had his tiny farm and he milked his cows, and that's how I was raised. In the time that I was raised, there weren't any schools. I couldn't study. Only the people who had money studied in those times. A poor person like me wasn't able to study because the schools were all private. After the revolution that Daniel Ortega²³ won, the literacy campaigns came. I learned to sign my own name in block letters,²⁴ but I didn't continue studying because by that time I had begun to raise my family.

When I was a girl, I worked with my grandmother. She taught me. She made rosquillas²⁵ and I went out to sell them. I wasn't shy to do that. That's how it was for me then; I was already working to buy things because you know that when one is single, they want to be done up with earrings and everything.

When I got married, I left El Bolsón. I was married on the nineteenth of March to a man from the same community. That same month, I became pregnant. I had eleven

²¹ Doña Eugdocia always referred to herself as a partera and not partera empírica. Literally, this means midwife. For this reason, I use the same word she did, partera, to describe who she is.

²² The department of León is adjacent to and south-west of the department of Estelí. For a map of Nicaragua, see Appendix I.

²³ Daniel Ortega, a Sandinista revolutionary, became the first president of Nicaragua after the war that ended the dictatorship in 1979. He was re-elected in 2007 and is also the current president (40).

²⁴ During the revolutionary years, many young Nicaraguans flocked to the countryside as part of the literacy brigades in order to teach "campesinos" (farmers) how to read not only to eradicate illiteracy, but also as a method of consciousness raising (70).

²⁵ "Rosquillas" are a type of corn biscuit made with cheese and molasses popularly consumed in Nicaragua.

children, with one abortion, but two died. One was five months old and the other one was three days old. I worked a lot at this time in order to raise my children and to help my husband. I butchered pigs and I sold them, I made nacatamales,²⁶ and I baked.

4.2.2 I almost learned to be a midwife by myself . . .

My grandmother delivered my first child at my mother's house. She was born naturally at home. I never had a punto²⁷ or anything. My second child was born within the year. They were close in age like this because in those times there wasn't family planning to prevent pregnancies. You menstruated, you slept with your husband, and then you'd have a belly. Five months after my first baby was born, I started menstruating again while I was still breastfeeding, and hermanita!²⁸ I never got it again. After two months without menstruating, my mother said, *Ay, Despecha esa chigüína porque la vas a sipiar.*²⁹ I wasn't nauseated or anything. I only felt like eating, and then I was fat.

I almost learned to be a midwife myself when I was giving birth to my second baby.³⁰ This time, an aunt, the sister of my mother came to deliver the baby. She was a partera,

²⁶ Nacatamales are the Nicaraguan version of the tamal. It is a meat and rice filled roll wrapped in a corn flour roll and rolled up in banana leaves.

²⁷ Nicaraguan slang for the stitches used to sew up an episiotomy. The overuse of episiotomies in developing countries is well documented (71) although a recent Cochrane review favours the use of restrictive as opposed to routine episiotomies (72).

²⁸ An exclamation, literally: *Little sister!*

²⁹ Literally, "stop breastfeeding this child because you're going to sipiar." My understanding is that there was a belief that if the baby is breastfeeding while the mother is pregnant again, she could become sick, malnourished, and die.

³⁰ Some of the dates and ages that Doña Eugdocia mentioned did not make sense chronologically. She told me that she became a midwife when she had her second baby. But she also told me that she was married at 18 and had her first baby within the year and the second right after that. I think that she meant when she began to be trained by MINSA. That would have begun about thirty years ago, shortly after the revolution, and would make sense based on her math.

had already received the charlas,³¹ and was looking after women. She had a daughter who was also pregnant and she went to see her. She told me, I'm going to go because you're never going to give birth. Fine, go, I told her. She had told me, look, when you have labour pains; you're going to do this. You just push on your stomach, and when the baby comes, you take off your panties. Then you hold on to the bed, and you spread your legs. That's what I did. I lived in the mountains, and the houses were very remote, so by the time another woman, who was out looking for my husband got back, I'd already had the baby and put it in the bed. I just put my hand here, and the baby came out.³²

I kept gaining experience, and people started looking for me to see if I could assist them, so I would go. I did this work my own way for a long time. I wasn't nervous, because since I hadn't had the charlas yet, I didn't know that the parturient could become seriously ill. I didn't know that the placenta could stay inside the woman, that she could haemorrhage, or that the baby could die inside of her.

4.2.3 That's how people were then

My aunt taught me how to cut the umbilical cord. In those days, you cut it and tied it with string. You would burn it by putting a nail in the fire, and then you would use

³¹ *Charla* literally means 'informal conversation,' but it is also used to refer to the lecture-based training that she received by the Ministry of Health. I am assuming that what she means is that her aunt had already received some type of informal training.

³² Doña Eugdocia's experience of delivering her baby alone was not uncommon. Other authors write about similar accounts where women either delivered their own babies or were called to help a neighbour in an emergency situation (35) and similar stories were recounted to me by other parteras empíricas.

it to burn the cord.³³ There wasn't alcohol then because nobody knew about it. You just burned it and tied it.³⁴

The people of before almost never went to the hospital or to the health centre. They gave birth in their homes with a midwife.³⁵ When they began to get labour pains, we would cook some small lime leaves with some of the essence that they sold in the pharmacy and some flowered rose water to make their contractions stronger.

Labouring women like to stay in their homes. If they have some oil, you put it on them, and if you know of a pill that works well for pain, you give it to them. You make some hot pinolillo³⁶ and a toasted tortilla with cuajadita,³⁷ but in the hospital they don't do that. We parteras, we come, we put wood in the fire, and we throw on some chamomile leaves and some ciguapate.³⁸ We would say daughter, bathe yourself with this warm water. You're going to bathe yourself in it, and smell these smells. That's how

³³ Other midwives used to cut the umbilical cord with either a knife or scissors and burned the cord with a tobacco cigar, and could use a base of garlic on the umbilical cord (35).

³⁴ Measures of mortality rates during this time are only estimates and highly variable, therefore they should be viewed with caution. For example, live birth rates reported by urban/rural residence are nearly two thirds more for urban as opposed to rural areas in Nicaragua (73). What this suggests to me is that it would have been more likely for people living in urban areas to register their births and not that there were actually higher rates. (Keep in mind that the majority of Nicaraguans lacked access to health services at this time (42).) Infant mortality rates at this time should also be interpreted carefully but are reported as follows: in 1965, the infant mortality rate (IMR) was estimated as 55.1 (74) and in 1973 as 46.0 (73) (both per 1000 live births). In 1983, four years after the revolution, IMRs were reported to be 85.0 per 1000 live births (75). Maternal mortality rate (MMR) was not reported for Nicaragua during these years (73-75).

³⁵ Prior to the 1979 revolution, health care in the country was unevenly distributed with the majority of health care resources going to ten percent of the population (44). There was not a national health plan prior to the Sandinista revolution (30). While it is nearly impossible to find statistics showing the rate of hospital as opposed to home births, given the limited access to health services prior to the revolution, (42), it would seem likely that most of the births took place away from the hospital and away from "skilled birth attendants," supporting Doña Eugdocia's claim that most women gave birth with a midwife.

³⁶ Pinolito, or pinol, is a Nicaraguan drink made with ground, toasted corn and cacao. The ending *ito* or *illo* are commonly added onto the ends of Spanish words for added emphasis.

³⁷ Cuajadita (or cuajada) is fresh unpasteurized cheese.

³⁸ I'm not sure if this was something that they gave to the parturient to drink or if it was something that they threw over the fire. Another author says that the responsibilities of a midwife during birth included massaging the baby in order to position it and giving them a herbal tea of *escoba-lisa* and *mazote*. Once the birth began, they would tie a sash from the naval to their flanks of the labouring woman and give them various hot drinks until the baby was born (35).

people were then. But that was a long time ago, and now the youth don't last like that. Frequently, they say oh, I hurt here. You know that giving birth causes tremendous pain. You're bathed in sweat and I say that is not good. You must be hygienic. I have bathed them in their homes with warm water. You put your clean, dry rag here. It's for that reason that women don't like going to the hospital. Here, we don't do episiotomies. We don't open everything. In the hospital, that's how it is, and it's the episiotomy that hurts more than giving birth to the baby. For that reason, many women, well, the majority of the older ones, don't like going to the hospital.

There were times when the baby came out but the placenta stayed inside. We would come, give massages, put some salt here, squeeze their hands together, and put on their husbands' sombrero. Sometimes the change in position would make the placenta come out.³⁹

4.2.4 We learned better ways . . .

It has been about 15 years since I began to get charlas. Because I had learned to be a partera myself and from the people before, Monchita, Mama Licha and Doctor Treminio brought me to the Casa del Parto to receive the charlas. There would be up to 50 of us parteras there. I liked these charlas that they gave because I like learning. It's like the nurses who study and study and get lectures so that they can take care of seriously ill people. We spent three months learning about birth.⁴⁰ There were also

³⁹ There were other things that a *partera* would do in order to expel the placenta. She would sometimes tickle the back of the woman's throat with a feather to stimulate her gag reflex, or make her swallow oil in order to initiate vomiting. As Doña Eugdocia says, they also would put salt in the woman's hands or put her head in her husbands' hat (35).

⁴⁰ According to a TBA trainer, the first workshops lasted about two weeks.

doctors from Managua and León that came to give these talks to us. There was a talk every month so that we wouldn't forget and learn better ways.⁴¹

They taught us how to cut the umbilical cord and how to wait for the birth. Before the talks, they said, *Look, pay attention, this is terrible!*, because we were cutting the cord the wrong way. Before, we didn't cut the umbilical cord from the mother to the child until after the placenta came out,⁴² because they said that if you cut the cord, it would double back and the woman would die or haemorrhage, and that's a lie. So we waited and massaged the parturient so that the placenta would loosen, and we didn't even examine it. We dug a hole, and we buried the placenta in the hole. It was protection so that the woman would not have pain⁴³. That's how it was before. Now it's not like that. Placentas go in the garbage. In the hospital, they don't go around burying things.

In the talks, they taught us that if a placenta doesn't come out, you have to cut the umbilical cord and put the baby to breastfeed so that the woman can begin to have contractions and the placenta will loosen.⁴⁴ Before, if the placenta wasn't born, the woman went to the hospital with the baby still attached to her.⁴⁵

They gave us a bag, gauze, the alcohol to burn the umbilical cord with, a flashlight, a sheet, the plastic for when the woman is going to give birth, the cap, the

⁴¹Others discuss refreshment classes and trouble-shooting classes occurring every month or two (35,62). They were also meant to see how many births there had been and if the mothers and babies were healthy (62).

⁴²This is repeated in another source, which states that after the placenta was born, the midwife cut the umbilical cord (35).

⁴³Parteras empíricas would also examine the cord to see how many more children the parturient was going to have (35).

⁴⁴In a Midwifery Handbook, it was explained that breastfeeding immediately after birth is reported to assist in the birth of the placenta and will make the womb hard (62).

⁴⁵Some midwives waited until the placenta was born to cut the cord and others wouldn't even touch it even if the placenta was retained (35).

scissors, the cape, the strange rope to tie the cord, and the material. They gave us all of the things necessary to deliver at a birth. They gave us a snack, food and transport too.

Now they don't give us anything nor are there charlas. Nothing. Before, other places helped. I have worked since I was born, and before there used to be help, but I think that now there isn't any.

4.2.5 Before there were groups that helped out. . . .

Before, there were groups that helped one out⁴⁶. For example, I attended charlas at Ceccali⁴⁷ about botanical medicine. I took workshops with ProFamilia when there wasn't anybody in the health centre. They came and they gave me training in family planning. They gave me pills, two types of injections, and condoms. Well they didn't really give them to me so much as they gave me a different price. That's how it worked, and it was all written down. Women came with their cards, and I would give them what they needed. If it was pills or injections, I would give them to them at a reduced cost, but that was a long time ago. When the nurses came to this health post, people stopped coming to me and went there instead. They stopped giving me the contraceptives, so I don't sell them anymore. That's how it was then, but they trained me first.

4.2.6 I am a brigadista. I am a partera.

To be clear, I'm both a brigadista and a partera. Now, in this movement, the brigadista helps to clean the health centre and in many things.⁴⁸ I have worked when

⁴⁶ On a visit to a library at the Centro de Información y Servicios de Asesoría en Salud (CISAS), a civil-society NGO, I was surprised by the number of training manuals for traditional midwives that had been created not only by MINSA, but also by an assortment of NGOs that had been working in Nicaragua the last thirty years.

⁴⁷ *Ceccali* is a civil society foundation in Estelí that provides training to community health workers and emphasizes natural remedies. More information can be found at: http://www.ceccali.org/Home_Page.html

⁴⁸ This is what Dona Eugdocia told me during our first interview when I arrived with the medical brigade. I wonder if she didn't mean that she went to help the nurses clean up the health centre before the brigade came out to help them.

the nurses have gone away and aren't here. They leave Friday, Saturday and Sunday and come back on Monday. I tell them, *Look, you're leaving me alone for two or three days. I need gauze because sometimes people are working and cut themselves, and they call me to come and dress the wound.* That's why they left gauze here. I don't sell it, I give it to them, but yes, before I sold materials.

If somebody with a dislocation comes, or someone with a sprained hand, I can set it. I come, I massage it and I set it so that it's not twisted. I have ibuprofen pills here too that were given to me. I give them a pill, I suspend the sprain and then I set it. If it is broken, then I don't. I only hold on to the affected limb if I have some ointment. I put them together and grab some *tuquitos* made of cardboard in order to splint it, and they go on to the hospital. That's all that I can do. I can give a reference too because I have that ability. The *primeros auxilios*⁴⁹ have been taught at the health centre how to put a *tablea* on the breaks in the event that there is an accident.

I have oral serum in my house, or what they call oral rehydration solution (ORS). Right now, since there hasn't been any diarrhoea, people come to me, and if I see that it's somebody who is seriously ill, I give them the ORS so that he or she does not become dehydrated. We have learned how to do all of this. If they come and say, *Look, I have this injection that I need; I can do that, because I have been taught how to inject.* This was all from MINSA⁵⁰. It's with MINSA that one works, and with the health centre. For example, when anybody from MINSA or the health centre comes to this community, they come to my house to find me. And here, if I have coffee, I give it to them. If I have

⁴⁹ First Responders

⁵⁰ MINSA is the acronym for the Nicaraguan health ministry (MINisterio de SALud).

food, they eat. They look at me with complete confidence, and I look at them in the same way.

I have a book that they gave me that is called *Siglo*. This book is used for giving references if somebody becomes seriously ill. The ill people come and I look at my paper. I give references for them to go to the hospital or to the health centre, and I take note of all of it. I don't know how to read, but I look for somebody to help me.

4.2.7 A midwife wants to be brave

Midwives want to be brave, because attending a birth is not something that is just for fun. If you become nervous, you don't do anything and the patient could die. So you see, it's nothing more than being brave, and asking God that they don't become seriously ill. Not just anybody can do this. You have to think about what it is that you can do for this woman. I have been called to go to communities that are very far and high up. I have gone by horse. They have called me to go at two o'clock in the morning, or at twelve, to see a birth. I have seen the first birth of young girls that were 20, or even 16 or 17 years old, and delivered those babies. There were times where I attended two or three births in a week.

I have been called to run and look for a car to send women away because there are difficult births that I can't see. I know if I can see the woman or not. If I see that the woman is swollen, if I see that she has preeclampsia, I can't help her. She needs to go to the hospital or else to the health centre.⁵¹ I send her to the Casa Materna.⁵² There

⁵¹ There used to be a belief among *parteras empíricas* in Nicaragua that swollen feet was a sign that you would have a good birth (35). One of the TBA trainers noted that because of the training, the *parteras empíricas* know now that swollen feet could be a sign of preeclampsia and that they should seek medical care immediately.

⁵² The first "casa maternal" was created in 1985 as an initiative of national nurses and foreigners and was first called the *Centro Regional Para la Preparación Del Parto Natural*. It was meant to help prepare the expectant mother for birth physically and mentally. In 1993 it became the *Albergue materno – a maternity*

are times when they call me to go with her if she doesn't have a husband, and if not, I give the reference and I bring her.

There are women who resist, but it's because of the rude things that they do in the hospital. I won't compromise though. I have a job here. The women come to my house to find me. *Oh, no*, I tell them, *Go to the health centre and get assessed by the doctors or the nurses*. I won't compromise. It makes me nervous, because I know that it is a great commitment to see a woman. It's been a year since I last saw one. They come to my house and say, Look, I have this baby here, or, see, I feel this weight in my belly. I touch them, and I know if the baby is transverse. If the baby is sitting, I also know, and I won't see them. I send them to the hospital or to the health centre. It's a risk to see women like that. Foot first and arm first too. Yes, I know that it is a risk to see them.

We parteras don't make a single penny for our work. We do it for love.⁵³ If they want, some will pay and others will come and find you to go and see a woman. There are times when they don't even tell me thank you very much, but I do it anyways to help them. There's times when they are so poor that it is with great cost that they can even buy soap, so how are they going to pay me? There are times when they have called me and said, Look, take note because there is somebody very sick. Pay for their transport from here to the hospital, because maybe the person who is ill doesn't even have a penny. I look for a car to bring them, and I have paid from my own pocket.

waiting home where rural women come in the last weeks of their pregnancy to be near the hospital where they will give birth (76).

⁵³ This statement was echoed very eloquently by other *parteras*. One told me that they don't have the custom of charging because most people don't have money. The most money she had ever been given to attend a birth was "50 pesos. *The most 50. In reality, you can't even buy a litre and a half of oil with that. Oil to cook with.*"

4.2.8 Now there is more liberty. . .

Before, people had many children. It's not like that now, because now, hermanita! there is family planning available everywhere. In the pulperías,⁵⁴ both injections and pills are available. Now there are better conditions and there is better care. When I was growing up, it wasn't customary for people to sit down and talk to their parents. Things were more private. If you got married, the man wouldn't let you leave. *You are going to stay here. I am the only one who has the liberty to leave*, he would say. Now people aren't as stupid as that type of before. You can talk with whomever you please. It's not to say bad things so much as to converse with whomever you care to. People are more aware now.

Before, people would die because if they went to get treated the man wouldn't let them go. Now, for example, I can say, *Look man, I'm sick. I need to have an examination. I'm going to get a pap smear*. They didn't have these things. Now, if I say to my husband, *Listen to what I'm saying. One needs to take care of this*, he would tell me, *Yes, get going*. It wasn't like that before. There are still people who don't get checked. And when they become ill, there are still many women who die.⁵⁵ It's even worse when that woman is a prostitute. She has her husband and has a fling with man after man after man after man, and then she gets an infection. When she goes to get checked, she has a haemorrhage or a tumour, and there's nothing anybody can do because it can't be fixed.

⁵⁴ A small corner store.

⁵⁵ I believe that she is referring to women who die of cervical cancer. It is well known that women in developing countries experience a greater rate of cervical cancer than developed countries. In Nicaragua, cervical cancer is the leading cancer of women and women between the ages of 15 and 44. According to recent estimates, of the 809 women diagnosed annually with cervical cancer in Nicaragua, 354 will die (77).

I also give advice to the youth. Go.⁵⁶ If they prefer to have a woman, there is Mama Licha. She has her clinic so they don't have to see a male doctor.⁵⁷ Sometimes the women are embarrassed if a man sees them, but that's why there are nurses and female doctors.

When women tell me, *Listen, I haven't gotten my period this month*, I tell them, *Go and get a urine test*. Sometimes it will show a positive pregnancy test, because if you miss your period, then you're pregnant. Some of the women are nervous. They don't want it to get out that they are pregnant, so what I do is advise them to go to the health centre to be examined, and so that they get their vitamins. When they have lots of children, I tell them to get family planning. Yes, that's what we do, we give them advice.

Okay, well I hope these words will help you in your country. I am happy, because it has been a pleasure to answer these questions for you. It was very nice to meet you. We have spoken a lot, and I hope that you will come back.

⁵⁶ I believe that she is referring here to pap smears.

⁵⁷ Mama Licha is a midwife who has a private clinic in Estelí and provides pap smears.

CHAPTER FIVE: DOÑA CARMEN

5.1 Introducing Doña Carmen

I had been living in Nicaragua for about four months when I met Doña Carmen. I was starting to become panicked that I would never find another midwife who would be willing to tell her story to me. It turned out to be very serendipitous indeed that I was invited to stay at a rural health centre with two nurses. Not only was I able to reconnect with Doña Eugdocia, I also met Doña Carmen. The TBA trainer helping me had enlisted the help of one of the nurses working at the health post to get in touch with the midwives living in that area and ask them if they would be willing to speak to me. Doña Carmen arrived at the health centre while I was around back talking to the children who had come from the adjacent school to gawk at me. The nurse asked Doña Carmen if she would be willing to talk to me, and luckily she agreed. The first interview was conducted in the health centre in one of the empty rooms. Doña Carmen is a short, plump woman who looks much younger than her sixty years. She was so excited to tell me about her stories that they kept spilling out as we were reviewing the consent form. Although she does not read, I reviewed the form with her and she signed her consent. The interview that day needed to be cut short as Doña Carmen was worried that she wouldn't get back to her house (an hour's hike into the mountains) before the rains began in earnest. When I asked her if I could come to her home to visit her the next time, she was ecstatic and gave me directions that seemed so straightforward I was almost convinced I could get there by myself. Thankfully I didn't try. I visited her at her home three more times: once more to talk about her life, and twice to read versions of the story that I had created for her. Each time that I visited, a young man from her

community came along with me as a guide. He would drop me off at her house and leave to visit his family in order to ensure privacy.⁵⁸ We rode the bus for almost two hours from Estelí, and then we walked for another hour down a 'path' through fields, and bushes. At one point we had to crawl under a fence while sliding down a muddy mountainside (see figure 6). I could not imagine walking through those places as a heavily pregnant woman, an elderly person, or even anybody carrying more than just the small backpack I struggled to carry with me. As a rural farm kid from Saskatchewan (where people are notorious for complaining about the state of gravel roads) I can honestly say that these roads were much worse than ours.



Figure 6: Picture taken on the way to Doña Carmen's house, 2009.

Each time that I visited, Doña Carmen greeted me with great Nicaraguan hospitality. She fed me, she gave me coffee, she introduced me to her family, and she showed me the school that was just down the hill from her home. Although our first conversation in the health centre felt like the awkward conversation of two strangers getting to know each other, by the last interview, it had turned into a strange back and

⁵⁸ I should note that Doña Carmen had a completely different conceptualization of privacy than I did. For example, when I interviewed Doña Carmen at her home, we usually sat on the bench outside her house while her grandson, daughter and various other people and animals would come and go. Occasionally she would stop our interview to ask someone a question or to greet a passerby as he came through her home. Doña Carmen was always in charge of deciding the location of our interviews and she always understood that she was free to end an interview at any time she desired.

forth mixture of friendly conversation and more formal interview and reading and re-reading of stories. I did not use an interview guide, but rather used open-ended questions that allowed her to tell her own story, and asked for clarifications as needed.

I enlisted help from a Nicaraguan woman to transcribe the transcripts, and I read them over to confirm their accuracy. At my home in Estelí, I read through the transcripts numerous times to make myself familiar with the content. I organized them into themes, arranged them chronologically and according to different dimensions of her life, and separated them with titles from the stories that seemed to capture the essence of the section. Doña Carmen was an energetic woman who was so excited to share her stories with me that they literally spilled out of her. When I took transcribed versions of her stories back to her and read them to her, she added even more stories and made a few comments and clarifications for me. With her consent, I later read her story to Monchita, a local TBA attendant trainer. She read them over, corrected some of my grammar mistakes, offered a few clarifications of terms, and concluded that Doña Carmen's story sounded acceptable.

When I returned to Canada, I read over the testimonio with great discomfort. I read over it again and again and began translating it into English, but I couldn't shake an uncomfortable feeling that made it difficult for me to even look at it. I struggled to express to others and to myself what it was that made me so uncomfortable, but I found myself continually frustrated that everything I said and wrote couldn't accurately depict what I was feeling. I was devastated and wondered how I could possibly present her story in a way that would honour her life and leave me feeling comfortable. Looking back, I think it was part of the reverse culture shock I felt coming back to Canada. I was

frustrated with the rushed rhythms of Canadian life, the expectation that things must go right, and the constant questions from well-meaning friends and family that I took to be offensive. Eventually, my unease lead me back to the transcripts. I re-read, re-listened, and re-organized the stories into something that I felt less uneasy about and compared them to the original testimonio. I worried that I might not be able to honour the lives and the work of these women that I had come to greatly admire and respect, nor could I present the complexities of their lives and their relationships with medical health care providers. I still worry about this, but it is this revised version, translated into English, that I will present below.

5.2 The Story of Doña Carmen



Figure 7: Picture of Doña Carmen Benavides, 2009.

5.2.1 They only call me Carmen

Because I was never given an identity card, I only go by the name of Carmen. My mother never raised me. I have always lived here in El Jilguero. Nobody here has a vehicle. We have to hoof it, and the road is very muddy. Now that I'm sixty years old, it's not easy, and my knees get sore from all the walking. I can't remember how many births I have attended.

5.2.2 My mother died, and my father kept to himself

When you are raised without a father or a mother, you grow up like an animal. If you can, you try to better your life and rub shoulders with the people that you know. I can explain to you about my parents. My mother died, and my father never did anything for us. He married another woman, and she didn't want us. It was just me and my sister, and we grew up being shuffled around. He had five children with that other woman, but each of us has become independent.

You always have to be careful about being alone. One day, this guy appeared and said, *You're alone. Look, we're going to get married.* So fine, I went with him, and the children began coming. There weren't any pills then, or they were very expensive to buy and I always had a belly. I had ten children, but one died while serving in the army after he was grown up.⁵⁹ I worked and I made a little money. God helped me because I didn't have a husband. He left me. My kids all stayed with me when they were little, but

⁵⁹ The Contra War devastated Nicaragua to a degree that is difficult to describe. It is estimated that more than 300,000 people lost their lives, although many more were wounded and left with permanent disabilities. In addition, the country suffered huge inflation rates which impaired the government's ability to provide services. To put this tragedy into perspective, thirty eight times more people died during the Contra War in Nicaragua than the total number of American soldiers who died during the Vietnam War (40).

they grew up, and are far away. Now I'm like the chickens clucking and without anything.

5.2.3 Which one of you wants to be a partera?

Before I went to the charlas, I wasn't a partera. You have to study to become one, because you don't know the things that could happen. For example, they taught us how labour starts, when the baby is going to be born, and what you have to do.

It happened like this: one day there was a meeting at the health centre and this nurse asked us, *which one of you wants to be a partera?* I was told to go to the workshops, and so I went for two weeks.⁶⁰ The first workshops were to learn about sickness, how labour begins, how to do a digital exam, if the woman is going to give birth, how far she has left to go, and if she can move or not. Each workshop has a theme like this. They also brought some placentas. They brought them in a bag dripping with blood so that we could stretch them, open them, and learn about them. That's how we began, and I liked it, because you have to do something. You do what you can do so that you can make your life better. I always go to these charlas when they invite me.

Monchita taught us how to inject vitamins into each other. There were a ton of us. She said, today, we're going to learn about injections. Today, we're going to inject so and so. We practiced it until we learned. First we used an orange. The orange didn't

⁶⁰ Before the training programs began, the role of *partera empírica* in certain areas was unclear. There were many people who knew 'a little bit' about birth. Sometimes the woman was attended to by her husband, family members, or completely alone. These people who knew a little bit about birth but weren't necessarily *parteras empíricas* were allowed to attend the *charlas*, but they were not given a maletín or a certificate (35). In her home, Doña Carmen proudly showed me her three maletines and a certificate that she had received for attending a regional conference dated 1987.

hurt, but we sure did. That's how we learned, and thank God I never regretted anything that I learned.⁶¹

Giving injections was one of the first things we learned. We had to give them an injection called cientocinon that was one cc to hurry up labour because there are women that are very weak. They aren't trained, and so this helps them. It's only with what we could collect and the little that we made that we could buy it, but you can't get it anymore.

I have been to a lot of charlas that were taught by Spaniards, Dutch, and people from all over the place. It's been at least a year now since I've been to a charla. They used to bring us a basic basket every year,⁶² but now we're starting to forget things.

5.2.4 The first births that you go to you're scared and nervous

The first births that you go to you're scared and nervous. Certainly, you make some mistakes. There are some things that you forget like maybe cutting the cord that we're accustomed to tying. But after, once the baby has cried, you're not so nervous anymore. Those first days drive you crazy because you don't even know what you're doing, because a birth is something that you attend in an emergency.

Sometimes, when they call you quickly to see a woman, you don't even have time to wash them. You quickly clean and bathe the woman and heat up some water. Come, wash yourself, you need to be clean. I wash them, I clean their parts, and the

⁶¹ The 1982 Midwifery Manual included a unit on injections (30).

⁶² Nicaragua has something called the Brigada Medico Móvil which is designed to bring most of the health services offered at the health centre out rural communities. One of their duties was to look over the supplies the maletines ('birth kits') of the *parteras empíricas* (78). However, some TBA trainers identified to me that they felt that the role of the *partera empírica* has shifted from providing direct care to serving in more of an advocacy role. Other midwives commented to me that there is less help than before. This shifting role may account for Doña Carmen's observation that there is less help than there used to be.

baby comes. If too much time passes, they can die. It's better to hurry it up so that the mother doesn't tear and it goes gently⁶³. We help them with teas, with soft things, with laxatives, because sometimes they have gone three days without eating anything. It doesn't work and they're too weak. That's the thing. Sometimes you're up until two without sleeping and in the morning there is another one. You almost lose your eyes.

I give them advice, I cheer them up, I give them a massage, and I tell them, look, this is normal. To give birth to a child is normal, but you have to do your part because that's how it is. The baby needs the mother to give it breath so that it can get out, and the mother has to too. Yes, there are mothers who tighten up and don't let the baby come out so that the baby dies, or they both become ill. We do all these things for them: tea, a warm pinolito, a little bit of coffee, and things to re-animate them.

5.2.5 One needs to take charge

Sometimes a midwife is needed in the communities because there are people that are really afraid to go to the city. You help them, and you go with them when a doctor needs to see them because sometimes the children are left with the husband and one needs to take charge. The doctor tells me, bring them to me in a wheel chair, put them in bed, take off their clothes and leave them ready for me, so I get them ready. I have brought two seriously ill women there.

They are bleeding and can't even walk. You have to bring them in a car or call for an ambulance. There have been babies born at five months gestation where part of the baby comes out and part stays inside. The woman has to get everything out and be

⁶³ This seems counter-intuitive to me as I would assume that the quicker the birth, the greater the likelihood of tearing.

cleaned out. I say that is something that a doctor does because they need their injections and need to be cleaned. We have brought them to the hospital. It's worse for a woman who has these things. She is like a girl and feels weak and can't do anything. It's not easy.

They have to be made aware. Sometimes the father doesn't want to let them go, or the parturient doesn't want to go for embarrassment. In that moment, you have to leave your embarrassment behind and attend to life.

5.2.6 Mrs. So and so was dying

I remember a birth where it was really raining in October. A man came to my house at five o'clock in the afternoon. *Look, so and so is dying because the baby won't be born*, he said. *There's three parteras, but between them all maybe there's somebody who knows a little more, because this woman is going to die*. I put on some pants, got on a mule and went with him. Really, the woman was dripping in sweat. She was delicate and weak. She had been in labour for three days without anything. I gave her a little coffee and a bit of warm pinol. She didn't recover her strength because she had been in the same position for a long time waiting for the baby to be born. With this baby, it would have been better that she had gone to the city. She gave birth to a boy, and the umbilical cord looked like it was full of air and we couldn't tie it because it was so fat.

That's the only experience that I've had where the umbilical cord was large like that. I tied it one time so that it wouldn't bleed, I tied it another time, and then I cut it, but it was still bleeding. I had to burn it with a nail so that it would be cauterized and wouldn't bleed. It was a beautiful boy, healthy and fat. He had been born swollen, the

poor thing, for all the time that he was waiting, but God is great. The poor girl didn't die, and the baby was very beautiful.

Another time, I was called to see a girl that was already big.⁶⁴ The father called me, *Come, look at so and so because she is going to give birth*. When I arrived, the baby was moving around in the dirt. She had given birth and fainted. I said, *How terrible. She has fainted and the baby has been born, and is moving around on the ground like an animal*. I put doilies with warm water on her so that she would recover, and I gave her something so that she could recover her consciousness.

5.2.7 I have brought two women that were almost dead

Another time, this man came at about five o'clock in the morning. Oy, he said, *look, this woman is sick*, so I went. You don't know how sad I was to see that she had parts of a foetus hanging out of her. I said, No, we have to get her a stretcher even if it's just made of sticks and get her out of there. I stopped the traffic so that she could go because what she needed was a D & C. So I brought her, I was with her, I got her ready for the doctor.

There are women that never get check-ups⁶⁵ and that's how you find out how you are. The doctors look at you with their equipment and they see up to your guts, and then they know if you are well. There are people that are afraid to go to the city because it's said that they do rude things there. They look at them to see if they can save them or not. Or they save one and another one dies.

⁶⁴ I'm not sure if she meant big 'with child' or big as in an adult.

⁶⁵ I think she is referring to prenatal check-ups.

There was someone who they thought had an intrauterine device (IUD), but it hadn't been inspected in fourteen years. It had been stuck for a long time in her uterus and she began to bleed. Can you imagine that someone had to come and get a car to bring her because the woman couldn't move? I brought her to the hospital, they had her for three days, they gave her a D & C, they cleaned her out really well inside and they sent her back. I think that you need to have these IUDs checked every six months or at least each year. She already went back to her house to have a little food, because it's not easy. This happens in all of the communities because there are rebellious women who are afraid to go to the hospital.

5.2.8 We send them to the health centre

When one finds out that they are pregnant, we send to the health centre. They go there so that they can be measured, have their checks, and have their pressure taken and be sure that the baby is growing. Sometimes I am ordered to go see a baby that is transverse. I set it and begin to give them massages so that the pregnant woman can have her baby well. We send them to the health centre so that the women know that they have to give them their treatments. They give them their exams, they are ordered to get them done there at the laboratories, and that's the thing.

It has been days since I have seen a birth because now there is the Casa del Parto⁶⁶ and that is better. What we do is raise people's awareness. *Look my daughter, you could become seriously ill. Over there is the medicine, there's a doctor. We're going to put you in an ambulance and you're going to be fine. They will help you there, so it's*

⁶⁶ The Casa del Parto is actually called the Casa Materna now.

better that we send you. One sees cases of preeclampsia where their private parts are swollen, and sometimes they don't understand. We give them advice. They think it's only to tell them what to do, but it's not. Now there are lots of sicknesses. There are many people sick with AIDS and with venereal infections, and all of those things that the poor woman who goes about delicately can transmit.

In the Casa del Parto, there are dressing gowns and food for the women. They have their bathrooms and everything hygienic. After that, there's medicine and a doctor is seeing them. They are there for one month or for some two months, and so they bother us less because they need to see a doctor, and if they need an operation, they send them there.

5.2.9 We do this out of love

We do this only for love. They don't pay us anything. What's more, when there are meetings, we say give a contribution, a peso or two so that we can have this money for the necessities. But this is for love; it's not to make any money. The owner of the car doesn't go around for love. You have a friendship with the woman, and sometimes she is very grateful.

I help these women out of friendship and give encouragement to the woman. You have to help her and encourage her so that she gets out of this difficulty quickly. Once the baby has been born, she is happy. She has her baby, she is changed, she is bathed, and she is cleaned. She is washed and stays there. These girls are afraid, and they think that they are going to die. It's worse when they're only thirteen, fourteen, or fifteen years old. You must remember that they think that they are going to die and so

you have to encourage them. When their time comes, maybe you touch them lightly. What do I know? When they feel the baby moving they are afraid and so this is what happens. They are afraid. We're afraid of the primíparas because they're very tender girls and their vaginas are still small. They don't understand the consequences of having these babies.⁶⁷

5.2.10 It hurts your soul that there isn't anything to wrap the baby in

It hurts your soul that there isn't anything to wrap the baby in. Sometimes I give them clothes because they don't have anything small. They need to have dry clothes because it's really rainy here. Not even God would want to see how rainy it is. In the countryside, you make do with what you have. In the centre, the most that they can give is cotton, gauze, iodine, things for a cut or whatever and that's all. We have put it on because we like to help. You know, I like to. My mother died when I was little. My father never did anything for us, and I say, if I had been able to study, then maybe things would have been different. For that, you have to have love for your fellow man because you grow up in the streets without any kind of formal education. It's not the same as a child who has studied. It's hard. Yes, everything is difficult. We help them only out of love. We're not paid anything. And here, nobody wants to do it. Monchita told me that in order for me to quit, I have to find somebody else, but nobody wants to be responsible. They don't like to because they're afraid. To attend to a woman makes them nervous. Now, my knees are sore from walking. If there is necessity, I go, but with time, we're teaching women that they have to take charge. Monchita tries to raise their awareness

⁶⁷ According to the United Nations, nearly half of Nicaraguan women have had a child by the time they are 19 years old (79).

so that they learn, but you have to be patient and dedicated. They tell you, leave your house alone to see something. They have called me at my house in the night to go with the spouse. I am afraid, but I entrust myself to god, because who knows what a man can do with you alone at night on the road. I have gone at night very far. I have seen women far away, by horse.

CHAPTER SIX: DISCUSSION OF THE STORIES

6.1 What if it all means something?

Although life history analysis does not follow a rigidly defined process, the researcher's goal is to help "identify and make explicit themes and connections that give a particular shape and meaning to a body of material" (1)(p. 115). Cole and Knowles liken the role of the researcher to that of curator, where they are charged not only with the task of displaying the pieces of someone's life but also presenting it in a way that allows the reader to leave the work changed and thinking differently than they did when they first arrived (1). As I searched for meaning in Doña Eugdocia and Doña Carmen's stories and the additional texts,⁶⁸ I slowly began to get little glimpses of what the stories might mean. Although my primary interest was to understand the meaning Doña Eugdocia and Doña Carmen gave to their own experiences with their communities and health care systems, I was also interested in what locally available TBA training resources and interviews with TBA trainers could reveal about the role of the role of the partera empírica in Nicaragua.

Clandinin has described a 'three-dimensional' space where narratives are analyzed. The researcher looks 'backward and forward, inward and outward, and locate[s] them[selves] in place' (55)(p. 54) in order to reveal the meanings present in the stories. As I wove my way back and forth through the texts and looked both inside and outside myself, little pieces of wonderings kept nagging at me. For instance, I was

⁶⁸ In addition to the interviews with Doña Eugdocia and Doña Carmen, I gathered additional data to add to their stories. Interviews with three TBA trainers and three locally available TBA manuals published in 1982, 1990 and 2001 respectively were analyzed in order to complement the stories and in order to understand their experiences within a larger national and international context.

bothered by Doña Eugdocia and Doña Carmen's reactions to biomedicine. I felt that they were accepting biomedicine as absolute while discounting every way they came to know about birth outside of the charlas they attended. I wondered if they told me what they did because they knew that I was a Registered Nurse in Canada and because I became known to them through my contacts with their health care system. I wondered if there was something that I was missing: something that I wasn't allowing myself to hear or see.

The process of going back and forth through the data, thinking about it, writing something down and then going back through it again was, for me, long and complicated. Sometimes I would feel like I had understood something only to realize later that what I had written wasn't quite right and then I would begin all over again. Eventually, after many scribbling, rough drafts and re-views of my data, I decided it made the most sense to present the data the way I came to understand it, therefore I first present some of the initial understandings most readily apparent and later layer theories onto these understandings in order to facilitate understanding of a deeper meaning.

6.2 Initial Themes

Initially, four themes stuck out for me: a shift in the role of the partera empírica from primary care provider to community agent; a progressive de-skilling of the parteras empíricas as their practices are increasingly inhibited both nationally and internationally; an ability of both Doña Eugdocia and Doña Carmen to learn a great deal over their lives; and a realization that Dona Eugdocia and Doña Carmen both live their lives within

the larger social contexts of their communities and not outside of it. The following section elaborates on these ideas.

6.2.1 Shift from Primary Care Giver to Community Agent

As previously discussed, there has been a worldwide shift in maternal child health from focusing on TBA training programs to increasing skilled attendance at birth (9). The stories presented in this thesis in addition to the complementary data analyzed revealed a coinciding narrowing role for the partera empírica in Nicaragua. In the early 1980s, the parteras empíricas provided direct care during childbirth. A 1982 training manual posits that the partera empírica should have “the opportunity to participate in the solution of family and village health problems, to be trained, to receive continuing education, [and] to be given . . . the necessary equipment” (30)(p.i). Although this statement implies an active role for the partera empírica in health care planning, upon further examination, the content of the training manual appears less participatory. For example although the training manual valorizes the role of the partera empírica in her community as a person who is “armed with a cumulous of true and false beliefs and is the product of familial inheritance” (30)(p. 1), it does little to honour or explore those beliefs. Instead the manual advocates referral of all pregnant women to the health centre so that others may detect high risk pregnancies and immediate referral of women experiencing complications such as postpartum haemorrhage. It does illustrate some more advanced procedures such as giving injections. With this in mind, it appears, at

least during this time period, that the goal of training as presented in the training manuals appeared to be expanding primary health care services.⁶⁹

By 1990, the role of the partera as described in training manuals had narrowed yet again and they were described as an extension of the health care system. According to the manual, they were to refer any woman experiencing any condition that could put her at risk for complications, saying it is “necessary that you know. . . when you [partera empírica] can attend a pregnant woman and deliver her without problems, and you should send her to the health centre because she could become ill” (62)(p. 1). The role of the partera empírica is more narrow than previously described and she now functions as a subordinate to health care professionals. She may only provide services for births that are not “difficult.” There are some births that she may attend and others that she clearly may not. For example, figure 8 shows a caesarean delivery attended by health



Figure 8: From MINSA (62) ‘You should not attend high risk births’ (p. 68).

⁶⁹ I say this while recognizing that the training manuals tell only one story. They do not necessarily reflect what was actually taught in training programs. The point that I am trying to make is not that the knowledge of parteras empíricas was never taken into account during the training, only that the content of the training manual suggests that the process of creating knowledge was not as reciprocal as it claimed to be at the curriculum level.

care professionals with the accompanying statement, “You [parteras empíricas] should not attend high risk pregnancies” (62)(p. 68).

By 2001, the role of the partera empírica, as described in the training manual had shifted completely away from primary care giver to community agent. According to the manual, the

midwife has been qualified in the last years as a strategic community agent in respect to reproductive health. . . [the health ministry] is attempting to orientate the role of the midwife as a primary care provider of the basic actions of promotion and prevention in community health (63)(p. 1).

Although presently it is impossible to determine whether or not this shifting role is accompanied by an actual law or change in the scope of practice of the partera empírica in Nicaragua, it certainly has been accompanied by a perception among the trainers and the midwives I interviewed that they should not be attending births except in cases of emergency. For example, one trainer states that:

in those times they [parteras empíricas] would risk attending a pelvic birth so in view of this, you know, the ministry opted to orientate them better so that they are always watching over the pregnant woman and they are talking to us, but they don't attend births in the community.

Doña Eugdocia and Doña Carmen both articulated to me that they perceived their role to be shifting. For example, Doña Carmen says, “It has been days since I have seen a birth because now there is the Casa del Parto and that is better. What we do is raise people's awareness.” She sees her role as providing education rather than providing direct care. Doña Eugdocia, in keeping with this more limited role, also sees her role as one of advice giving. In her story, she says, “When [women] have lots of children, I tell them to get family planning. Yes, that's what we do, we give them advice.”

6.2.2 De-Skilling of Traditional Birth Attendants

The shifting role of parteras empíricas seems to be accompanied by a progressive de-skilling of the parteras empíricas as their knowledge is rendered obsolete and births increasingly take place in the hospital. Both Doña Eugdocia and Doña Carmen express reluctance to attend births. Doña Eugdocia says:

The women come to my house to find me. Oh, no, I tell them, Go to the health centre and get assessed by the doctors or the nurses. I won't compromise. It makes me nervous, because I know that it is a great commitment to see a woman.

Doña Carmen tells parturients:

Over there is the medicine, there's a doctor. We're going to put you in an ambulance and you're going to be fine. They will help you [at the health centre], so it's better that we send you.



Figure 9: From MINSA (62) 'If the baby is breathing with difficulty and is purple, carefully wrap it and bring it to the nearest health centre' (p. 77).

I argue that the shifting role of parteras empíricas to community liaisons has the effect of stripping them of their primary care skills and narrowing their scope of practice. In the health care system and indeed in international literature, TBAs are usually positioned as 'interim care providers' who may perform only the most basic of procedures. For

example, figure 9 comes from a 1990 training manual and depicts a partera empírica running to a building labeled “health centre.” The writing above states “if the child is breathing with difficulty and is purple, carefully wrap it and bring it to the nearest health centre” (62)(p. 77). The point seems to be that with any problem, the partera empírica should immediately seek help from the “experts.” This stands in contrast to interviews with the TBA trainers, who recount the skill with which the parteras empíricas delivered babies. One trainer told me that the trainers noticed that some of the midwives could deliver babies that were considered difficult for health professionals. For example, she recounts a time where she was called by the husband of a woman in labour with a breech baby. She said that

when I arrived at the house, I don’t know how . . . the baby had been born, and blessed is god [it was] normal and everything. I admire [the parteras empíricas] a lot. I say that sincerely as a health workers that it’s not just anybody who puts themselves at risk to attend a foot first birth. . . there could have been an infection or the baby could have died, but I don’t know. . .

6.2.3 Proof of Learning

Globally, parteras empíricas are recognized as TBAs by organizations such as the WHO. A trained TBA is defined only as a person who “has received a short course of training through the modern health care sector to upgrade her skills” (4)(p. 4). This definition, I would argue, is ambiguous because it does not recognize the multiple forms of learning that have taken place nor does it recognize changes that the ‘TBA’ may or may not have made to her practice. What appears obvious in the stories of Doña Eugdocia and Doña Carmen is that they have learned a great deal through both training and through experience. For example, Doña Eugdocia says:

In the talks, they taught us that if a placenta doesn't come out, you have to cut the umbilical cord and put the baby to breastfeed so that the woman can begin to have contractions and the placenta will loosen.

Breastfeeding immediately after birth is taught in the training manuals to quicken the birth of the placenta and to keep the womb hard (62). Doña Eugdocia also says:

If I see that the woman is swollen, if I see that she has preeclampsia, I can't help her. She needs to go to the hospital or else to the health centre.

The training manuals instruct the parteras empíricas that pregnant women with swollen legs should be immediately referred to the health care centre.

Doña Eugdocia learned about birth outside of the training programs from her aunt. Her aunt taught her what to do when a baby was born, clearly proving that she was capable of learning what to do.

6.2.4 Lives Lived In Context

The stories of Doña Eugdocia and Doña Carmen revealed that their lives are lived within the times and larger social issues faced by their communities rather than outside of them. Doña Eugdocia makes reference to how her experience as a wife has changed over time. She says that when she was young, parents did not address sexual health issues with their children and women did not have authority over their own bodies. She says:

When I was growing up, it wasn't customary for people to sit down and talk to their parents. Things were more private. If you got married, the man wouldn't let you leave. *You are going to stay here. I am the only one who has the liberty to leave*, he would say. Now people aren't as stupid as that type of before. You can talk with whomever you please. It's not to say bad things so much as to converse with whomever you care to. People are more aware now.

Her point, I think, is that she perceives women to now have more autonomy over their bodies and their choices.

Doña Carmen's story speaks to the poverty experienced by her neighbours and by herself. She grew up without parents and raised her children without a partner. She never had the opportunity for education. These aspects of their stories speak to the inequitable situation in which both women find themselves living.

6.3 Taking the Plunge: Applying Theories

While these initial observations allow some learning to take place, we must consider how we can deeper understand the meaning of Doña Eugdocia's and Doña Carmen's stories. Cole and Knowles describe a "kind of mental readiness [necessary] to understand and accept the complexity of the task, the creative nature of the process, and the requirements of time, patience and commitment to a sometimes convoluted and chaotic process" (1)(p. 99) that the researcher must commit to. I thought that I was committing to understanding the stories in every way that I knew how. I read and re-read texts, made charts and inserted pieces of the transcripts into them, and still I knew that there was something deeper that I was missing. Finally the epiphany came. Cole and Knowles describe life history research as "stories of action within theories of context" (1)(p. 13). As I circled back to the theories I had learned about in preparation for an "in progress" seminar presentation, I realized something. Trying to wrap up the meaning of the parteras empíricas' stories with a nice neat bow on top simply wasn't possible. The meanings of their stories were complex and contradictory. However, returning to view them through the lenses of authoritative knowledge and

postcolonialism offered deeper points of 'intersection' between their stories and theory (1). This section attempts to use theories to begin to understand the 'lives in context' (2) of Doña Eugdocia and Doña Carmen.

6.3.1 Authoritative Knowledge

Jordan has revealed how authoritative knowledge positions itself in such a way that other ways of knowing cease to count. Her work with pregnant women showed that biomedicine positioned itself in such a way that women's knowledge about their own bodies was not allowed to count (14). Over and over in this study I saw how biomedicine was allowed to count over other ways of knowing. What was even more interesting was that it was the parteras empíricas themselves who often positioned their knowledge in such a way that it did not count. For example, in our interviews, Doña Eugdocia told me how biomedicine was the knowledge that mattered. When Doña Eugdocia described to me how parteras empíricas used to cut the umbilical cord after the baby had been born she said: "Before the talks, they said, Look, pay attention, this is terrible! Because we were cutting the cord the wrong way." She goes on to say placentas are not disposed of the same way as they used to be: "Placentas go in the garbage. In the hospital, they don't go around burying things." Doña Eugdocia has positioned biomedicine as more valid and in doing so has rejected the traditional knowledge that has been given to her by her aunt and the "people from before." Even the act of burying a placenta, something which holds little medical significance is wrong to her because in the hospital the personnel don't bury placentas but rather throw them in the garbage.

Stacey Pigg (3) writes how development discourse renders the knowledge of TBAs invisible. She shows how even the name “TBA” positions the women it describes in a way that renders their knowledge invisible because all of their diverse ways of knowing



Figure 10: From MINSA (62) ‘During this time the midwife should not massage nor tie a belt around the parturient’ (p. 42)

are compared to only one: biomedicine. Thus, she argues that TBAs are made invisible long before they ever meet a trainer or encounter the health system because their knowledge is from the outset considered lesser. Development discourse is given the authority to find “flaws” in their practices and create “solutions” to them even though we know that development discourse contains many flaws (3). This is evident in the training manuals examined. For example, while early training manuals describe the role of parteras empíricas as “participat[ing] in the solution of family and village health problems” (30)(p. i), in reality the manuals function as a tool to assimilate the parteras empíricas into the health care system. Very little of the training manuals focused on the knowledge that the parteras empíricas had about their communities nor did the training manuals offer opportunities for parteras empíricas to be actively involved in the creation of knowledge as the biomedical content was presented as the only way of knowing about birth. The training manuals did not ask the parteras what they knew or how they handled situations which arose. In fact, when traditional knowledge is mentioned in the

manuals it is usually mentioned in a derogatory way, to dismiss a practice seen as harmful. For example, figure 10 was taken from a 1990 training manual (62) and depicts a woman with a belt tied around her abdomen and a large X over the belt. Traditionally in Nicaragua, the midwife would tie a belt around the abdomen of the labouring woman in order to “protect her uterus from rising up”, although she would be unlikely to be in a prone position as in the picture. This practice of the ‘faja’ was discouraged in the training programs and in training manuals because the practice was believed to be harmful although scientific proof of that is scant. Its inclusion serves, as Pigg (3) would note, to focus on “problems” that are identified by developmental/biomedical discourse and which render other knowledge as invisible or misguided. Overall it seems, the only time that traditional knowledge is acknowledged in the manuals is when it needs to be modified.

Pigg (3) remarks it is possible to find TBAs in Nepal only after certain practices have been recognized by an external force as belonging to birth. Those people involved in such practices are named TBAs by someone outside of their community. She also notes that it has become possible for TBAs to be made when women who are not involved in birth practices are invited to participate in training programs, thus creating a strange phenomena where someone recognized as a TBA is not actually traditionally trained rather has attended a training program. When I came to know that Doña Carmen “became” a TBA through her training, I was conflicted with how to proceed. I had already promised to tell her story, we’d already completed some interviews and I wondered whether or not she belonged in this story. I have come to the conclusion that

she very much does as she problematizes some of the assumptions surrounding who “TBA”s are.

6.3.2 Postcolonial Theories

Postcolonialist theories lend to this discussion. Historically, education has been used as a means for the Western world to colonize other countries and to legitimize their domination over another group of people (12). From a postcolonial point of view, the exclusion of parteras empíricas from the provision of health care services warrants further consideration. If we take the problem of maternal mortality off the table for just a moment (without saying that it’s not an important consideration), the exclusion of parteras empíricas in the provision of care is troublesome because parteras empíricas experience the same inequitable conditions that their neighbours live in. As a training manual from Matagalpa very eloquently and usefully points out, “before being midwives, we are women, and this allows us to understand the conditions that we encounter because we also live in these situations, and together we can look for how to construct alternatives that are responsive to our needs” (64)(p. 3). Any attempt to remove the parteras empíricas from this reality, and not to consider the social situations in which they live seems to ignore the point completely and risks a colonial imposition of knowledge.

Postcolonial theories are also known for creating stories of resistance (16). Strangely, while the parteras empíricas in the study accept the authority of biomedicine and are quite happy to refer women to health centres, they are contradictory in their resistance. For example, one partera empírica told me that “women didn’t die before nor the babies and everything went well. And now that they are attended to like this . . .

there are more maternal deaths, yes.” She accepts that she must send women to the hospital, she accepts that it is dangerous to attend births, but she also believes that hospitals can be dangerous places for women. (And who is to say that they are wrong?)

6.4 Intersecting Stories

Life history research methodology searches for spaces where “the perspectives of two or more individuals intersect” (1)(p. 10) while the goal of testimonial life histories is to motivate the reader to move towards some type of action (20). Because this study offers the opportunity to critically reflect from a Western point of view on the need to resist reinforcing power imbalances and to consider alternative ways of knowing about birth, I offer some points where ways of knowing about the *parteras empíricas* embedded in the stories have intersected in my own life as a way for the audience to begin to consider how these stories might intersect with their own. I have a friend who moved to Saskatchewan from a large city and through sharing her experiences, would challenge me to look at my home from a different way. One of my favourite stories involves her mistaking some gophers for baby beavers (only once). While “baby beavers” are certainly not a commonly used word to name gophers, this experience offers an interesting point of intersection with the *parteras empíricas* stories and authoritative knowledge because it shows how one way of knowing (in this case, identification of the small, pesky rodent as a gopher) is viewed as legitimate and another (baby beaver) is not recognized as legitimate. For me, Doña Eugdocia tells her story in a way that completely detaches herself from knowledge that has not been recognized as legitimate through training programs. Like my friend, who had to learn how to fit in to prairie culture, perhaps Doña Eugdocia’s positioning of knowledge is a

survival mechanism she views as essential for her continued survival and legitimacy as a partera empírica. She has probably experienced some benefits from this (and perhaps the parturients have as well) and learned some new things, but there has been a cost.

CHAPTER SEVEN: RESISTANCE

By acknowledging that “personal, social, temporal, and contextual influences facilitate understanding of lives and phenomena being explored” (1)(p. 10), we open up the possibilities of what can be understood from individuals ‘lives in context’ (1).

Although the experience of each person is unique, when we really listen to the stories of Doña Eugdocia and Doña Carmen and place them within their larger national and international contexts, we are able to gain a better understanding not only of the contributions they have made over the course of their lives but also the effect of national and international discourse on Doña Eugdocia’s and Doña Carmen’s perception of their own roles as parteras empíricas. Participating research that tells life stories demonstrates that people live their lives within and not outside of the circumstances their neighbours and communities (both local and global). Our own stories are not separate from those of Doña Eugdocia and Doña Carmen but rather connected like a spider’s web.

Doña Eugdocia’s and Doña Carmen’s stories as presented in this thesis reveal that their roles as parteras empíricas in Nicaragua have changed over their lives. As they continue to attend fewer births and their role shifts from primary caregiver to community liaison, they continue to provide valuable contributions to their communities and to Nicaragua. Doña Eugdocia and Doña Carmen present themselves as women who care deeply for their neighbours and demonstrate a sense of humanity in their willingness to help out another human being during a time of need. They don’t make a lot of money attending births, but rather come when they are asked.

Although it is inarguable that Doña Eugdocia and Doña Carmen have learned a great deal over the course of their lives and are not “traditional” birth attendants caught in a time warp, their stories do reveal women who experience inequities and challenges that are paralleled by many women living in Nicaragua and the global south. Doña Eugdocia never learned to read because she did not have the opportunity to go to school. Doña Carmen raised her children herself. These inequities are important considerations for any global policy maker because policies must be written in consideration of the larger stories being lived by the women they seek to address.

Layering theories onto the stories of Doña Eugdocia and Doña Carmen reveals that positioning of biomedicine as authoritative by itself is a struggle for legitimacy in a constantly changing environment. Such layering also reveals a postcolonial relationship between biomedicine and the “other” and a need for another way of approaching research, childbirth, those who attend to birth and those who give birth. By participating in a form of research where we “produce different knowledge and produce knowledge differently” (65)(p. 21), we begin to consider our inter-connectedness and view lives as continually changing stories. We begin to understand the lives and work of Doña Eugdocia and Doña Carmen in a different and enriched way. Beverly has reformulated the thesis of Spivak’s famous essay titled *Can the subaltern speak?* as this: “If the subaltern could speak – that is, speak in a way that really matters to us, that we would feel compelled to listen to – then it would not be subaltern” (56)(p. 551). What he means is that just because we are listening with our ears, it doesn’t actually mean that we are really connecting to what we hear nor does it suggest that our listening moves us to act.

Life history research is meant to gain: “insights into the broader human condition by coming to know and understand the experiences of other humans” (1)(p. 11). Our lives are not lived apart from Doña Eugdocia and Doña Carmen but rather alongside them. In considering the points at which our own lives intersect with theirs, at least in metaphysical ways we become a part of a global battle for all persons to gain legitimacy and voice.

7.1 We live on an inter-connected, ever-widening web

In concluding her book “Translated Woman,” Ruth Behar notes that she has not come full circle but rather that “the circle widened, stretched, opened” (58)(p. 342). I see this thesis not only as a contribution to an ever-widening circle, but also as a piece to layer onto an interconnected web of stories that grows ever larger in their telling. This thesis began with the story of a conversation between a TBA trainer and her friend, my supervisor; grew to include a somewhat naïve graduate student (me); and created the space for this project to take place. Our stories grew to include the stories of Doña Eugdocia and Doña Carmen, the two women who filled the pages of my thesis and who continue to infiltrate the pages of my own life story. When I first envisioned what this project would be, I thought that I would be telling the stories of TBAs, not the stories of two women I have come to greatly admire and respect. I never imagined that in telling their stories I would also be telling my own story, nor that their stories would continue to be layered on and connected to my life long after I returned to Canada. As time slips by and ever more pieces become layered into my life’s story, the same thing is happening to Doña Eugdocia and Doña Carmen. Our reference points are ever shifting (2).

Perhaps Doña Eugdocia and Doña Carmen would tell me different stories if I went back to see them now, and most certainly I would change many things if I could do it all over again, but I cannot. Instead, I take the lessons I have learned, layer them into my own story and move forward.

Right now, as I sit writing at 8:00 p.m. on a mild Canadian winter night, a small island nation in the Caribbean that is far removed from and yet not so separate from my life, Doña Eugdocia's life and Doña Carmen's life, continues to be devastated by a recent earthquake. The lives of the people on this island nation offer points of intersection with our stories when I consider the international response to a tragedy of incalculable magnitude. Militia and NGOs from foreign countries quickly intervene. Well meaning missionaries from a wealthier nation almost succeed in stealing children from their homes and families in the name of "A Better Life." The international response to the earthquake (aid and intervention) and inequitable maternal mortality rates in developing countries (aid and intervention) are similar. Both responses address the side effects of a larger problem of inequity and not only fail to include those most affected by the inequity in creating the solution, but also delete them from the response. Now there is also you, the audience. Where will these stories take you? Do you think of my story of a nation in the Caribbean as 'true'? Would you tell the same story or would it sound different? However it is that you choose to tell the story, in its telling the web grows ever larger and ever more connected.

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Appendix I: MAP OF NICARAGUA



United Nations Map of Nicaragua, No. 3932 Rev. 3 May 2004

Appendix II: INTERVIEW GUIDE

Spanish	English
<p>A. Quien es una partera: (nombre, edad, años de ser partera)</p> <p>a. <u>Hacerse una partera</u> (como, porque, quien le enseña, como aprendió)</p> <p>b. <u>Role de la partera</u> (que hace una partera por: las embarazadas, los bebes, los niños, las comunidades, el sistema de salud)</p> <p>c. <u>Otros roles de las parteras:</u> (pareja, madre, líder de la comunidad, otros trabajos)</p>	<p>A. Who is a partera? (name, age, number of years being a midwife)</p> <p>a. <u>Becoming a partera</u> (how, why, who taught her, how did she learn?)</p> <p>b. <u>Role of the partera</u> (what does a partera do for: pregnant women, babies, children, communities, for the health system (i.e. census info)</p> <p>c. <u>Other roles of parteras:</u> (Partner, mother, community leader, other work i.e. farming, work in the home, etc.)</p>
<p>B. La tradición de la partera en su comunidad</p> <p>a. <u>Medicina Tradicional:</u> (yerbas, tratamientos especiales como sobada, etc.; alimentaciones especial como pinol)</p> <p>b. <u>Relaciones:</u> (cuando empieza y termina su relación con una embarazada, porque las embarazadas piden su ayuda, porque la partera las ayuda, método de remuneración)</p> <p>c. <u>Dificultarías de ser partera</u></p> <p>d. <u>Beneficios de ser partera:</u> (porque aun trabajan ellas)</p> <p>e. <u>Como cambian sus roles:</u> (Cuales eran sus trabajos antes, durante, y después de la revolución, durante los años 80, 90, ahorita, como ha cambiado sus trabajos?, es su trabajo como partera diferente de cuando su mama era joven, etc.)</p>	<p>B. The tradition of midwifery</p> <p>a. <u>Traditional Medicine</u> (i.e. herbs that they use, special treatments they provide i.e. sobada, treatment of mal de ojo; special diets like pinol)</p> <p>b. <u>Relationships</u> (when does their work start and end with a woman, why do they seek their help, why does the partera help them or not help them, method of payment)</p> <p>c. <u>Challenges of being a partera</u></p> <p>d. <u>Benefits of being a partera</u> (Why do they keep on working)</p> <p>e. <u>Changing roles over time</u> (What was her work like before, during, after the revolution, the 1980s, 1990s, and now, has it changed, how, why has it changed)</p>
<p>C. Experiencias con el Sistema de Salud</p>	<p>C. Experiences with the Health Care System</p>

<p>a. <u>Comienzo:</u> (¿con cuales personas en el sistema de salud trabajan?, ¿cómo empezaron trabajar con ellos?)</p> <p>b. <u>Rol en el sistema de salud:</u> (responsabilidades, cosas que hacen por el sistema de salud, responsabilidades del sistema de salud con respeto a ellas)</p> <p>c. <u>Rol del sistema de salud:</u> (cuales cosas hacen el sistema de salud para ellas como capacitaciones, da materiales, etc., cuando buscan la ayuda de doctores, el centro de salud, etc.)</p>	<p>a. <u>Beginnings:</u> (who do they work with in the health system? How did they begin working with them?)</p> <p>b. <u>Role in the health care system:</u> (responsibilities. . . things that they do for the health care system, responsibility of the health care system for them)</p> <p>c. <u>Role of the Health care system:</u> (what kinds of things the health care system does for them or should do for them, when do they look for help or attention with doctors, centro de salud, etc.)</p>
<p>D. Capacitaciones</p> <p>a. <u>Capacitaciones del SILAIS:</u> (cuando, cuantos, cuales diferentes tipas de cosas aprendieron, como han cambiado sus trabajos, porque los han cambiado, porque no los han cambiado, como han cambiado las cosas que las maestras han enseñando)</p> <p>b. <u>Otros tipos de conocimientos:</u> (como aprenden nuevos maneras de hacer cosas . . . platicar con otras parteras, clases del centro de salud, etc.)</p>	<p>D. Training (Continuing Education)</p> <p>a. <u>Training programs from SILAIS:</u> (when, how many, what kinds of things did they learn, how did they change the work that they do, why did they change it, when did they not change it, have the things they teach changed i.e. not giving oxytocin anymore?)</p> <p>b. <u>Other kinds of learning:</u> (how do they learn about new ways of doing things, i.e. talking to other parteras, classes offered by the centro de salud, etc.)</p>

Appendix III: CONSENT FORM (ENGLISH)

Thank you for agreeing to participate in the research project entitled: Stories of Traditional Birth Attendants (TBAs) in Nicaragua. Please read this form carefully, and feel free to ask questions you might have.

Researcher:

Amy Mark

Department of Community Health & Epidemiology

College of Medicine

University of Saskatchewan, Canada

Ph: 638-3776 (in Nicaragua)

Research Supervisor:

Dr. Lori Hanson

Department of Community Health & Epidemiology,

College of Medicine, University of Saskatchewan

Saskatoon, Saskatchewan, Canada

Ph: 011 (306) 966-7920

Purpose and Procedure: The purpose of this study is to understand what the experiences of TBAs has been with their communities, and with their health systems. It is also meant to understand how international policies from institutions like the World Health Organization (WHO) have affected the work of traditional birth attendants here in Nicaragua. I am interested in hearing your stories and learning about your experiences.

I hope that we may meet several times in the next few weeks. Each time that we meet we will review this form before and after the interview so that we can review your consent to continue with this study, review your rights as a participant, and make sure that all your questions and concerns are addressed. I hope that you will feel free to voice any questions or concerns at any point in time. I have some questions to ask you, but I am interested in hearing any comments or additional information that you feel is important. If you agree, I may take some pictures of you during our interview. These pictures may include you demonstrating your work, pictures of you in your home, or pictures that you feel would be relevant and helpful to the project. Ramona Alfaro may also be present to help me. The interviews will last approximately one hour and will, with your consent, be audio-taped. I hope that you will feel free to clarify or add information as you feel necessary. You are free to turn off the tape recorder at any time. When I cannot audiotape your interview, then I will take notes about our conversation while we speak. Once we are finished, the audiotapes will be played back to you, or you may read the transcripts and notes and alter them as you feel necessary. At any time, you may ask me to stop the interview.

Potential Benefits and Risks: While there are no risks to your participating in this study, I cannot guarantee that you will experience any benefits either. I hope that the information that you give will help us to understand what the important contributions of traditional birth attendants have been to their communities and to Nicaragua. Participating in this study gives you an opportunity to give testimony to your important work and to leave a written legacy of your contributions to your community and to Nicaragua – but this cannot be guaranteed.

If you agree, I will use direct quotations from our conversations and pictures that I take in my thesis (a final report), in articles, in a report to Ramona Alfaro, in journals or at conferences. You will also receive a small book about your life history with pictures, if we take them. Because there is only a small group of TBAs who

live and work in this area, somebody who knows you or your work might be able to recognize some of your stories. If you give me permission to use pictures that identify you, you will most definitely be recognizable. I will respect your right to privacy and confidentiality. You will be given the opportunity to review the tape recordings, or my notes from our interviews. You may clarify, alter or delete them as you see fit. In order to protect your privacy, and if you wish, you may choose a pseudonym, use only your first name, or we can fictionalize aspects of your stories in order to make you less identifiable. You may at any time, ask me to delete your pictures from my camera, and they will not be used. If I become aware of any new information that may affect your decision to participate in this study, I will inform you.

Privacy and Storage of Data: All the tape recordings and notes from your interviews will be kept private and stored in a secure location. All electronic copies of your information will be password and fingerprint protected. Although I may share information with my research committee, I am the only person who will hear your recordings. I may hire a translator to help me translate your interviews into English. Anybody who sees your transcripts must sign an agreement of confidentiality to protect the privacy of your statements.

The information that you give will be saved in the form of the audiotapes, transcripts, pictures, and notes in a locked filing cabinet by Dr. Lori Hanson at the University of Saskatchewan for at least five years. When they are no longer needed, they will be destroyed.

Right to Withdraw: Your participation is voluntary and you can answer only those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement in this study. The information that is shared will be held in strict confidence and discussed only with the research team. You may withdraw from the research project for any reason, at any time, without penalty of any sort. If you withdraw from the research project at any time, any data that you have contributed will be destroyed.

Questions: If you have any questions concerning the research project, please feel free to ask at any point. You are free to contact me at the phone number above if you have any other questions. This research project was reviewed and approved on ethical grounds by the University of Saskatchewan's Behavioural Research Ethics Board on _____.

If you have any questions about your rights as a participant you may contact the ethics office collect at the University of Saskatchewan, in Canada. Their phone number is 011.306.966.2084.

How your information will be used:

We will only use your information the way you say we can. This is a way to make sure that we only use your information how you agree. By making a mark inside the box, you are signifying that we have permission to use your information the way it is described. You can always make changes to how your information will be used as you see fit.

☐ I understand that using my name or personal information makes it easier for me to be recognized by people who read my stories. I understand that using a pseudonym, only my first name or fictionalizing parts of my stories may make it more difficult but not impossible for somebody else to recognize me in my stories. Given this, I would like to use: ☐ my full name ☐ my first name only ☐ a pseudonym - _____ when my information is reported.

☐ I authorize Amy Mark to use my pictures in the manner described in this consent form and have signed the picture release form.

☐ I have been given the opportunity to listen to the audiotape of my interview or the interview notes. I have been provided with the opportunity to add, alter, and delete the information as I see appropriate. I acknowledge that the audiotape/notes accurately reflect what I said in my personal interview with Amy

Mark. I hereby authorize the release of my audiotapes to Amy Mark to be used in the manner described in this consent form.

☐ I authorize Amy Mark to use direct quotes from my interviews when she presents them recognizing that this will make it easier for people who read/hear my stories to identify who I am.

☐ I wish to make the following changes to my stories in order to protect my privacy (i.e. change the name of your town, change your age, remove parts of / your entire interview):

Consent to participate: I have read and understood the description provided. I have had an opportunity to ask questions and my questions have been answered. I consent to participate in this research project, understanding that I may withdraw my consent at any time. A copy of this consent has been given to me for my records.

OR: Consent has been obtained orally and I, _____ read and explained this consent form to the participant before reading the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Signature of Participant

Date

Signature of Researcher

Date

Appendix IV: ACUERDO DE PARTICIPACIÓN (ESPAÑOL)

Gracias por su participación en el estudio titulado “Historias de Parteras Empíricas en Nicaragua.” Por favor, lea detenidamente este documento y sírvase hacer cualquier pregunta al respecto a la investigadora.

Investigadora: Amy Mark de la Universidad de Saskatchewan, Canadá, Departamento de Salud Comunitaria y Epidemiología. Número de Teléfono: (505) 638-3776 (Nicaragua, hasta el 15 de junio, 2009) o +1 (306) 291-2757 (Canadá)

Supervisora: Dra. Lori Hanson de la Universidad de Saskatchewan, Canadá, Departamento de Salud Comunitaria y Epidemiología. Número de Teléfono: (505) 966-7929 (Canadá)

Objetivo y Proceso: Este estudio hará una investigación sobre cuáles han sido las experiencias de las parteras empíricas referente al sistema de salud y a sus comunidades. Quisiera escuchar sus historias y aprender más sobre sus experiencias. Espero que la información que usted me proporcione, me ayude a ampliar el entendimiento de investigadores, sobre la aportación de las parteras empíricas a sus comunidades y a Nicaragua. También, sus testimonios serán un patrimonio para futuras generaciones nicaragüenses. Espero que podamos reunirnos algunas veces en las semanas que vienen. Cada vez que nos reunamos, analizaremos este formulario antes y después de la entrevista para revisar su acuerdo de participar en esta investigación. Tengo algunas preguntas que hacerle, pero me interesa escuchar algunos comentarios o información adicional que usted crea importante mencionar. Su participación es voluntaria y puede responder sólo a las preguntas que quiera. Con su permiso, es posible que yo le tome fotos a usted durante la entrevista. Esas fotos podrían ser de usted demostrado su trabajo, en su casa, o de algo que usted piense que ayudará al proyecto. Tal vez Ramona Alfaro esté presente durante la entrevista para ayudarme. Las entrevistas serán aproximadamente por una hora, y con su permiso, serán grabadas. Cuando no sea posible grabar la entrevista, tomaré apuntes. En cualquier momento usted tiene derecho de apagar la grabadora o pedirme que apague la grabadora, negarse a participar, sin penalidad ni riesgo de cualquier índole. En ese caso, toda su información sería destruida. También, en cualquier momento usted puede cambiar su decisión de usar fotos, entonces las borraría de la cámara y yo no las usaría.

Posibles Beneficios y Riesgos Aunque no haya riesgos de su participación en este estudio, yo no puedo garantizar que tendrá beneficios tampoco. Si usted está de acuerdo, voy a usar citas directas de nuestra conversación y las fotos que tome en un reporte final (una tesis), en congresos y revistas estudiantiles, y en un reporte final para Ramona Alfaro. Usted va a recibir un libro pequeño sobre su historia y tal vez con las fotos que tomemos. Ya que no hay muchas parteras que vivan y trabajen en Nicaragua, es posible que alguien que la conoce pueda reconocerla. Respeto sus derechos de privacidad y de confidencialidad. Usted puede revisar las cintas o los apuntes de nuestra conversación. Puede cambiarlos como sea necesario según su opinión. Para proteger su privacidad, y si quiere, usted puede escoger un seudónimo, sólo usar su nombre o podemos cambiar aspectos de su historia. Si yo me doy cuenta de información que podría afectar su participación en esta investigación, le notificaré.

La Privacidad: Todas las cintas y los apuntes de su entrevista se quedan en un lugar seguro. Las grabaciones, los apuntes, la información para contactarla para posibles estudios futuros y demás datos estarán guardados bajo llave por la Dra. Lori Hanson en la Universidad de Saskatchewan en un armario de archivos, por un tiempo mínimo de 5 años. Cuando no se necesiten, se destruirán. Aunque es posible que yo comparta la información con mi comité de investigación, yo soy la única persona que escuchará la

cinta. Es posible que alguien me ayude con la traducción al inglés de algunas cintas. Esta persona firmará un acuerdo para mantener la información en secreto.

Preguntas: Si tiene cualquier pregunta sobre la investigación, sírvase preguntarme con confianza en cualquier momento en persona, o a los números de arriba. Este estudio ha sido aprobado con base ética por la Junta Ética de Investigación en Ciencias del Comportamiento de la Universidad de Saskatchewan en la fecha 4 de febrero, 2009. Cualquier pregunta sobre sus derechos como participante puede ser dirigida a este comité a través de la Oficina de Servicios de Investigación (+1(306) 966-2084). Se puede llamar a la Universidad a cobro revertido.

¿Cómo se usa su información? Solo voy a usar su información en la manera que usted prefiera. Eso es para asegurar que uso su información como usted quiere. Cuando va tachando el cuadro, usted me da permiso de usar su información en la manera que se escribe. Siempre tiene el derecho de cambiar cómo yo use su información.

- ☐ Yo quisiera usar: ☐ mi apellido ☐ sólo mi nombre ☐ un seudónimo, cuando se use mi información.
- ☐ Yo le doy a Amy Mark la autoridad de usar mis fotos como se describe en el acuerdo de participación.
- ☐ Yo he tenido la oportunidad de escuchar las cintas y ver los apuntes de mi entrevista. Yo reconozco que la cinta/los apuntes reflejan lo que quería decir en mi entrevista con Amy Mark. Afirmo que Amy Mark puede usar mis cintas como se describe en el acuerdo de participación.
- ☐ Afirmo que Amy Mark puede repetir mis mismas palabras cuando las necesite.
- ☐ Quiero cambiar mi historia en esta manera para proteger mi privacidad. -

Acuerdo de participación He leído y entendido este documento. Se me ha dado la oportunidad de hacer preguntas, las cuales han sido respondidas satisfactoriamente. Estoy de acuerdo en participar en el estudio descrito arriba y entiendo que puedo cambiar de opinión en cualquier momento. Se me ha dado una copia de este acuerdo para mi archivo,

☐ El acuerdo ha sido realizado oralmente. Yo, _____ he leído y explicado este acuerdo de participación al participante antes de hacer la entrevista y que según yo, el participante ha sabido su contenido y parece entenderlo.

Firma de la participante

Firma de la investigadora

Fecha

Fecha

Appendix V: PHOTO RELEASE FORM (ENGLISH)

I, _____, hereby release the pictures taken by Amy Mark for use in her thesis (a final report), in articles, in a report to Ramona Alfaro, in journals and at conferences. I do this understanding that using my picture will make me identifiable and will make it possible to link me, personally, to my testimony. I understand that use of my pictures is voluntary and that at any time I may withdraw my consent for use of my pictures without any penalty, at which point in time they will be destroyed and deleted from Amy's camera. I have received a copy of this picture release form for my own records.

Name of Participant

Date

Signature of Participant

Signature of researcher

OR when permission has been obtained orally:

I, _____, read and explained this release form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

FORMULARIO DE LIBERACIÓN DE FOTOS (ESPAÑOL)

Yo, _____ afirmo por la presente que Amy Mark puede usar las fotos que ella tomó durante la entrevista, en su tesis, en un reporte final para Ramona Alfaro, en revistas estudiantiles y en congresos. Yo lo hice con el entendimiento de cuándo usarán las fotos, de que yo podré ser identificada y de que será posible conectarme con mi testimonio. Entiendo que el uso de mis fotos es voluntario. En cualquier momento, yo puedo quitar el permiso de usar mis fotos, por cualquier razón, sin penalidad ni riesgo de cualquier índole. Si dejo de participar en cualquier momento, cualquier foto que haya provisto será destruida. Se me ha dado una copia de este acuerdo para mi archivo.

Firma de la participante

Firma de la investigadora

Fecha

Fecha

O

El acuerdo ha sido realizado oralmente. Yo, _____ he leído y explicado este acuerdo de participación al participante antes de hacer la entrevista y que según yo, el participante ha sabido su contenido y parece entenderlo.

Appendix VI: THE STORY OF EUGDOICA ARROLIGA PALACIOS

SPANISH VERSION	ENGLISH VERSION
Un pobrecito no podía estudiar	A poor girl couldn't study
Bueno, mi nombre es Eugdocia. Eugdocia Arroliga Palacios. Ahorita tengo 65 años, pero de la edad que comencé a trabajar como partera, de 36 años. Yo ahorita he atendido más de cien partos.	Well, my name is Eugdocia. Eugdocia Arroliga Palacios. I'm sixty five years old right now, but I was thirty six years old when I started my work as a partera. At this moment, I have attended more than one hundred births.
Yo nací en la comunidad del Bolsón, adelante de Estelí, en el departamento de León. Ahí fui nacida y fui criada. Mi papa era pobre. Éramos pobre, pues. Pero el tenía su finquita, ordeñaba sus vaquitas, y así lo fue criando. En el tiempo en que yo me crié, no había escuelas. No podía ir a estudiar. Antes, estudiaba la gente que tenía riales. Un pobrecito no podía estudiar porque eran escuelas privadas. Después de la revolución que ganó Daniel Ortega, vinieron las alfabetizaciones. Yo comencé a firmar el nombre mío en letra de molde, pero no seguí estudiando. En ese tiempo, yo me metí a criar familia.	I was born and raised in the community of Bolsón, just ahead of Estelí in the department of León. My father was poor, but he had his tiny farm and he milked his cows, and that's how I was raised. In the time that I was raised, there weren't any schools. I couldn't study. Only the people who had money studied in those times. A poor person like me wasn't able to study because the schools were all private. After the revolution that Daniel Ortega won, the literacy campaigns came. I learned to sign my own name in block letters, but I didn't continue studying because by that time I had begun to raise my family.
Cuando era niña, trabajaba con mi abuelita. Ella me enseñó. Ella hacía las rosquillas, y yo salía a vender. No me	When I was a girl, I worked with my grandmother. She taught me. She made rosquillas and I went out to sell them. I

daba pena antes de salir a vender. Así me quede, ya trabajando para comprar. Usted sabe que uno, cuando está soltero, le gusta componerse todo: que las chapas que todo. Eso yo lo compré para vender también.	wasn't shy to do that. That's how it was for me then; I was already working to buy things because you know that when one is single, they want to be done up with earrings and everything.
Salí de ahí cuando me casé. Me casé para un 19 de marzo, con un hombre de la misma comunidad. En el mes que me casé, salí embarazada. Yo tuve 11 hijos con un aborto. Pero de 11, tengo dos muertos. Uno de 5 meses y otro de 3 días. Trabajaba mucho en ese tiempo yo, para crear a los hijos, y para ayudar a mi marido. Destazaba cerdo, hacía nacatamales, y ornaba.	When I got married, I left El Bolsón. I was married on the nineteenth of march to a man from the same community. That same month, I became pregnant. I had eleven children, with one abortion, but two died. One was five months old and the other one was three days old. I worked a lot at this time in order to raise my children and to help my husband. I butchered pigs and I sold them, I made nacatamales, and I baked.
Yo casi aprendí ser partera en yo misma	I almost learned to be a midwife by myself
Mi primer hijo, la parí donde mi mama. Yo la tuve normal en la casa. No me hicieron punto, ni nada. Me vio mi abuelita. Tuve el segundo como al año. Son seguiditos así porque antes no buscaba a planificar para no salir. Le daba la menstruación a uno, dormía con el marido, y ya era panza. De la primera salí, me dio la menstruación de cinco meses cuando estaba seaca la primera, y ¡hermanita! no me volvió dar. A los dos	My grandmother delivered my first child at my mother's house. She was born naturally at home. I never had a punto or anything. My second child was born within the year. They were close in age like this because in those times there wasn't family planning to prevent pregnancies. You menstruated, you slept with your husband, and then you'd have a belly. Five months after my first baby was born, I started menstruating again while I was still

<p>meses que no me daba, <i>Ay</i>, dice mi mama, <i>Despecha esa chigüína porque la vas a sipiar</i>. No me dio nada de asco ni nada. Solo era aquella gana de comer, y así era gorda.</p>	<p>breastfeeding, and hermanita! I never got it again. After two months without menstruating, my mother said, <i>Ay</i>, <i>Despecha esa chigüína porque la vas a sipiar</i>. I wasn't nauseated or anything. I only felt like eating, and then I was fat.</p>
<p>Yo casi aprendí ser partera en yo misma en ese tiempo que yo iba a parir el segundo. Esa vez, le iba a atender el parto una tía mía, que era hermana de mi mama. Ella era partera, ya había recibido charlas, y así miraba ella mujeres. Ella tenía una hija que estaba panzona y ella la iba a ver. Me dice, <i>Fíjate, me voy a ir porque vos nunca te mejoraste, y la hija mía se va a mejorar</i>. Bueno, vaya, le digo. Ella me había dicho, <i>Mira, cuando estés con los dolores, vos, te vas a poner así</i>. Solo se le hace así al estomago, y cuando se le venga, usted se me quita el blúmer. Entonces, se agarra del canto de la cama, y usted le da campo. Así hice. Porque vivía en un monte, y las casas quedaban retiradas, cuando quiso llegar otra, que había andando buscando al marido mío, ya lo había echado yo en la cama. Solo me puse la mano aquí, y así sale el varón.</p>	<p>I almost learned to be a midwife myself when I was giving birth to my second baby. This time, an aunt, the sister of my mother came to deliver the baby. She was a partera, had already received the charlas, and was looking after women. She had a daughter who was also pregnant and she went to see her. She told me, <i>I'm going to go because you're never going to give birth</i>. Fine, go, I told her. She had told me, <i>look, when you have labour pains; you're going to do this</i>. You just push on your stomach, and when the baby comes, you take off your panties. Then you hold on to the bed, and you spread your legs. That's what I did. I lived in the mountains, and the houses were very remote, so by the time another woman, who was out looking for my husband got back, I'd already had the baby and put it in the bed. I just put my hand here, and the baby came out.</p>
<p>Entonces, fui yo agarrando esa experiencia, y la gente me buscaba para</p>	<p>I kept gaining experience, and people started looking for me to see if I could</p>

<p>que pueda ver, y me iba. Yo hacía esos trabajos a mi modo bastante tiempo. No le daba nervio a uno porque como uno no había recibido las charlas, no se sabía si se iba a gravar, o como era. Ahora sí porque ya uno tiene esa idea. Cuando me voy a ver un parto, le digo, <i>Ay, Señor, que esa mujer no se vaya a gravar</i>. Antes, ni le pedí a dios si esa mujer se iba a gravar. Yo iba tranquila, sin saber si esa placenta se me iba a quedar, ni si esa mujer se iba a soltar en hemorragia, ni si ese niño se la iba a morir adentro.</p>	<p>assist them, so I would go. I did this work my own way for a long time. I wasn't nervous, because since I hadn't had the charlas yet, I didn't know that the parturient could become seriously ill. I didn't know that the placenta could stay inside the woman, that she could haemorrhage, or that the baby could die inside of her.</p>
<p>Así era la gente</p>	<p>That's how people were then</p>
<p>Mi tía me enseñó cómo se trozaba el ombligo, porque antes se trozaba y se amarraba con hilo. Se quemaba, se ponía un clavo en el fuego, y eso se hacía quemar. No había ni alcohol porque uno no sabía. Solo quemadito y amarradito.</p>	<p>My aunt taught me how to cut the umbilical cord. In those days, you cut it and tied it with string. You would burn it by putting a nail in the fire, and then you would use it to burn the cord. There wasn't alcohol then because nobody knew about it. You just burned it and tied it.</p>
<p>Antes, la gente casi no iba al hospital ni al centro. Mejoraba en la casa. Tenía sus hijos, los que iba a parir, con partera. Cuando les agarraba dolores a ellas, cocíamos unas hojitas de limón con esencia que la venden en la farmacia, y agua florida le dábamos para que se les arreciaran más.</p>	<p>The people of before almost never went to the hospital or to the health centre. They gave birth in their homes with a midwife. When they began to get labour pains, we would cook some small lime leaves with some of the essence that they sold in the pharmacy and some flowered rose water to make their contractions</p>

	stronger.
<p>A las parturientas les gusta estar en la casa porque uno las contumerella. Tal vez tiene algún aceitito, y esos los ponen, si sabe una pastilla que es buena para un dolor, ahí viene y se la da, su pinolito caliente, y su tortilla tostada con cuajadita, pero en el hospital no lo hacen. Veníamos y ponemos una porra al fuego, le echamos unas hojitas de manzanilla y algún ciguapate. <i>Báñate hija, con esta agua tibia, te vas a envolver, porque te puede oler el oído.</i> La gente de antes así era. Por eso han durado bastante, y ahora la juventud no dura. De pie, <i>Ay, que me duele aquí, por eso.</i> Porque ese parto, sabes que es un dolor tremendo. Se bañan en sudor, y andan metete el agua acabada de salir. Digo yo que no es bueno. Uno se puede asear, porque yo he lavado cuando las miro en la casa, pero con agua tibia. Le ponemos su trapito limpio que no esté mojada ahí. Por eso las mujeres no les gusta ir al hospital. Aquí, no le hacemos puntos. No las abrimos todos. Y en el hospital, eso es, y el punto duele más que parir el niño. Por eso, muchas mujeres, mayoría, pues, las viejas, no le gusta ir al hospital.</p>	<p>Labouring women like to stay in their homes. If they have some oil, you put it on them, and if you know of a pill that works well for pain, you give it to them. You make some hot pinolito and a toasted tortilla with cuajadita, but in the hospital they don't do that. We parteras, we come, we put wood in the fire, and we throw on some chamomile leaves and some ciguapate. We would say <i>daughter, bathe yourself with this warm water. You're going to bathe yourself in it, and smell these smells.</i> That's how people were then. But that was a long time ago, and now the youth don't last like that. Frequently, they say <i>oh, I hurt here.</i> You know that giving birth causes tremendous pain. You're bathed in sweat and I say that is not good. You must be hygienic. I have bathed them in their homes with warm water. You put your clean, dry rag here. It's for that reason that women don't like going to the hospital. Here, we don't do episiotomies. We don't open everything. In the hospital, that's how it is, and it's the episiotomy that hurts more than giving birth to the baby. For that reason, many women, well, the majority of the older ones, don't like going to the hospital.</p>

<p>Había veces que salía el niño pero la placenta se quedaba. Veníamos, le hacíamos masajes, lo poníamos una sal aquí, le apretábamos las manos, le poníamos la gorra del sombrero del marido, la poníamos incada así de cluquilla para echarle.</p>	<p>There were times when the baby came out but the placenta stayed inside. We would come, give massages, put some salt here, squeeze their hands together, and put on their husbands' sombrero. Sometimes the change in position would make the placenta come out.</p>
<p>Aprendimos mejor dicho</p>	<p>We learned better ways</p>
<p>Hasta como 15 años que comencé yo a recibir charlas. Porque yo aprendí ser partera a mi modo, y a la gente anterior, lo invitaron a recibir las charlas en la casa de los partos. Lo reuníamos hasta 50 parteras. Me gustaba recibir las charlas que me daban para aprender más. Es como las enfermeras que estudian y estudian y reciben charlas para atender aquel grave. Entonces, me llevó la Monchita, la Mama Licha, y el Doctor Treminio a la casa del parto. Pasamos tres meses dando charlas de cómo era para partear. Venían doctores también de Managua y de León, a darlos esas charlas a nosotros. Cada mes recibimos charlas para que no nos olvidara. Después de que recibimos todas las charlas, aprendimos mejor dicho.</p>	<p>It has been about 15 years since I began to get charlas. Because I had learned to be a partera myself and from the people before, Monchita, Mama Licha and Doctor Treminio brought me to the Casa del Parto to receive the charlas. There would be up to 50 of us parteras there. I liked these charlas that they gave because I like learning. It's like the nurses who study and study and get lectures so that they can take care of seriously ill people. We spent three months learning about birth. There were also doctors from Managua and León that came to give these talks to us. There was a talk every month so that we wouldn't forget and learn better ways.</p>
<p>Nos enseñó cómo se trozaba el ombligo, y como se esperaba el parto.</p>	<p>They taught us how to cut the umbilical cord and how to wait for the birth.</p>

<p>Antes de las charlas, trozábamos así el ombligo y decía, <i>fíjate, que barbaridad</i>. Antes, no se le trozaba el ombligo a la mujer al niño hasta que salía la placenta, porque decía que si se le trozas el ombligo, se mete otra vuelta el cordón umbilical, y se muere esa mujer, o se suelta en hemorragia, y es mentira. Entonces, nosotros esperamos hacerle masajes a la parturienta para que aflojara la placenta, y ni la revisábamos. Hacíamos un hoyo, la enterábamos la placenta en un hoyo, un agüizote, para que no le pegara dolor a la mujer. Así era antes. Ahora no, esas placentas van en el basurero. En el hospital, no andan enterrando.</p>	<p>Before the talks, they said, <i>Look, pay attention, this is terrible!</i>, because we were cutting the cord the wrong way. Before, we didn't cut the umbilical cord from the mother to the child until after the placenta came out, because they said that if you cut the cord, it would double back and the woman would die or haemorrhage, and that's a lie. So we waited and massaged the parturient so that the placenta would loosen, and we didn't even examine it. We dug a hole, and we buried the placenta in the hole. It was protection so that the woman would not have pain. That's how it was before. Now it's not like that. Placentas go in the garbage. In the hospital, they don't go around burying things.</p>
<p>En las charlas, nos enseñaron que si una placenta no salía, había que trozarle el ombligo y ponerlo a amamantar a la mujer para que el útero comenzara a hacer tracción para que ella se aflojara la placenta. Antes, si no nacía la placenta, iba esa mujer con ese chigüín pegado para el hospital.</p>	<p>In the talks, they taught us that if a placenta doesn't come out, you have to cut the umbilical cord and put the baby to breastfeed so that the woman can begin to have contractions and the placenta will loosen. Before, if the placenta wasn't born, the woman went to the hospital with the baby still attached to her.</p>
<p>Nos daban maletín también. Nos daban las gasas, que el alcohol para quemar el ombligo, que el foco, que la sabana, que el plástico para atender</p>	<p>They gave us a bag, gauze, the alcohol to burn the umbilical cord with, a flashlight, a sheet, the plastic for when the woman is going to give birth, the cap, the</p>

<p>cuando la mujer siga mejorar, que su gorro, que la tijera, que el capote, que la cinta riata para amarrar el ombligo, que su material. Todos los estuches que uno ocupaba para ver esas partos nos daban, y el viatico, la comida, y el transporte.</p>	<p>scissors, the cape, the strange rope to tie the cord, and the material. They gave us all of the things necessary to deliver at a birth. They gave us a snack, food and transport too.</p>
<p>Ahora no nos dan nada ni hay charlas. Nada. No hay ayuda ahora porque antes, ayudaban de otras partes. Lo había más ayuda. Yo he trabajado desde nacido, y antes había ayuda, pero ahora, creo que no hay.</p>	<p>Now they don't give us anything nor are there charlas. Nothing. Before, other places helped. I have worked since I was born, and before there used to be help, but I think that now there isn't any.</p>
<p>Habían grupos que ayudaban a uno</p>	<p>Before there were groups that helped out</p>
<p>Antes, habían grupos que ayudaban a uno. Por ejemplo, yo estuve en charlas en Ceccali para la medicina botánica. Estuve en talleres con ProFamilia cuando no había nadie en el centro de salud. Venían y me daban las planificaciones, que las pastillas, que dos clases de inyecciones, que los preservativos, que los condones. No era que los regalaban sino que los daban a otro precio. Funciona así, todo apuntado. Ellas traigan sus tarjetas así, y entonces les daba lo que necesitaban. Si eran pastillas o inyecciones, yo se las ponía a un bajo costo o precio, pero eso es hace bastante. Cuando vinieron las</p>	<p>Before, there were groups that helped one out. For example, I attended charlas at Ceccali about botanical medicine. I took workshops with ProFamilia when there wasn't anybody in the health centre. They came and they gave me training in family planning. They gave me pills, two types of injections, and condoms. Well they didn't really give them to me so much as they gave me a different price. That's how it worked, and it was all written down. Women came with their cards, and I would give them what they needed. If it was pills or injections, I would give them to them at a reduced cost, but</p>

<p>enfermeras al puesto de salud, no fallaron aquí que venían del centro. Entonces ella me quitó eso. Lo traían ellas, y no lo vendía yo. Así era, y me prepararan primero, si.</p>	<p>that was a long time ago. When the nurses came to this health post, people stopped coming to me and went there instead. They stopped giving me the contraceptives, so I don't sell them anymore. That's how it was then, but they trained me first.</p>
<p>Yo soy brigadista. Yo soy partera.</p>	<p>I am a brigadista. I am a partera</p>
<p>Mira, yo soy brigadista. Yo soy partera. Ahora, en esta movimiento, la brigadista ayuda a lavar el centro, esté limpio, y en muchas cosas. He trabajado cuando no estaba las enfermeras cuando se van. Fíjate que usted se me va que estos dos, tres días. Se van el viernes, sábado, domingo, hasta lunes que viene. Necesito gasas, le digo, porque hay veces que están trabajando la gente, y se cortaron, y entonces a mi me toca para curar ese herido. Entonces, yo les quito las gasas a ellas aquí. Esos no los vendo, se los doy. Pero si, antes yo vendía material.</p>	<p>To be clear, I'm both a brigadista and a partera. Now, in this movement, the brigadista helps to clean the health centre and in many things. I have worked when the nurses have gone away and aren't here. They leave Friday, Saturday and Sunday and come back on Monday. I tell them, Look, you're leaving me alone for two or three days. I need gauze because sometimes people are working and cut themselves, and they call me to come and dress the wound. That's why they left guaze here. I don't sell it, I give it to them, but yes, before I sold materials.</p>
<p>Si me llega un que se zafó, que tiene una torcedura en la mano, este lo puedo componer. Vengo, y los sobo, le compongo la mano que no esté torcida. Tengo pastillas ahí de las que me da de esos ibuprofenos. Les doy una pastilla, le</p>	<p>If somebody with a dislocation comes, or someone with a sprained hand, I can set it. I come, I massage it and I set it so that it's not twisted. I have ibuprofen pills here too that were given to me. I give them a pill, I suspend the sprain and then I</p>

<p>pongo la liga, y se compone. Si es quebrado, no. Solo lo agarro pa si tengo alguna pomadita, se la junto y agarramos algunos tuquitos de cartón para entablillarlo, y va de viaje para el hospital porque es chingastiada no más. Les doy una referencia porque tengo referencia también. Los han enseñaron a poner tablea a los quebrado en el centro de salud a los primeros auxilios para que cuando haya algún accidente.</p>	<p>set it. If it is broken, then I don't. I only hold on to the affected limb if I have some ointment. I put them together and grab some tuquitos made of cardboard in order to splint it, and they go on to the hospital. That's all that I can do. I can give a reference too because I have that ability. The primeros auxilios have been taught at the health centre how to put a tablea on the breaks in the event that there is an accident.</p>
<p>Yo tengo el suero oral en la casa, el URO que le dice. Ese yo lo tengo en la casa. Ahorita, que no ha estado diarrea, a mi me toca, y si miro que se está muy grave, ejecutarle para que no se deshidrate ese enfermo. Todo eso aprendimos. Si llega, fíjese que tengo esta inyección para que me la ponga porque todo eso me preparó ahí para que esa lo enseñara inyector. Todo eso fue por el MINSA. Es con el MINSA que uno trabaja, y con el centro de salud. Por ejemplo, cuando vengán por aquí, ellos llegan a mi casa a buscarme. Y ahí, si tengo cafecito, le doy. Si tengo comida, ellos comen. Ellos me miran con confianza, pues, todo en mí, y yo para ellos.</p>	<p>I have oral serum in my house, or what they call oral rehydration solution (ORS). Right now, since there hasn't been any diarrhoea, people come to me, and if I see that it's somebody who is seriously ill, I give them the ORS so that he or she does not become dehydrated. We have learned how to do all of this. If they come and say, Look, I have this injection that I need; I can do that, because I have been taught how to inject. This was all from MINSA. It's with MINSA that one works, and with the health centre. For example, when anybody from MINSA or the health centre comes to this community, they come to my house to find me. And here, if I have coffee, I give it to them. If I have food, they eat. They look at me with complete confidence, and I look at them in</p>

	the same way.
Tengo un libro que me dieron que se llama Siglo. Ese es para mandar una referencia si se me grava. Entonces, llego yo y miro el papelito. Los mando las referencias para ir por hospital o por centro de salud. Todo eso lo voy a notar. Yo no sé leer, pero busco quien me puede ayudar.	I have a book that they gave me that is called Siglo. This book is used for giving references if somebody becomes seriously ill. The ill people come and I look at my paper. I give references for them to go to the hospital or to the health centre, and I take note of all of it. I don't know how to read, but I look for somebody to help me.
Una partera quiere valor	A midwife wants to be brave
Una partera quiere valor, porque eso no es jugando. Porque si le dan nervio, no hace nada. Se muere con todo y la paciente. Eso es valor, y no es nada más. Y pedirle a Dios que no le vaya a gravar. Eso es una cosa que no es a cualquier. De pensar lo que puede hacer para esa mujer. A mí me ha tocado bajar en unas comunidades pero tan largo y guindos. Me he ido montada. Así, mire, me voy bajando a un hoyo. Me ha tocado aquí a las dos de la mañana, que a las doce a ver un parto. Yo he visto chavalitas como de 20 años, como de 16, 17 años. Primer parto. Las he asistido yo. Hay veces que me llevaba que en una semana atendí hasta dos, tres partos, sí.	Midwives want to be brave, because attending a birth is not something that is just for fun. If you become nervous, you don't do anything and the patient could die. So you see, it's nothing more than being brave, and asking God that they don't become seriously ill. Not just anybody can do this. You have to think about what it is that you can do for this woman. I have been called to go to communities that are very far and high up. I have gone by horse. They have called me to go at two o'clock in the morning, or at twelve, to see a birth. I have seen the first birth of young girls that were 20, or even 16 or 17 years old, and delivered those babies. There were times where I attended two or three births in a week.

<p>Me ha tocado correr, buscar carro para llevarla porque hay partos difíciles que no lo puedo ver. Conozco si la puedo ver a la mujer, y la que no. Si yo miro una mujer que está inflamada, que la miro que tiene preclampsia, esa no la miro. Va para Estelí, al hospital o al centro de salud. A la casa de materna, la mando. Hay veces que me toca ir con ella si no hay marido, y si no, yo le doy la referencia, y yo la lleve.</p>	<p>I have been called to run and look for a car to send women away because there are difficult births that I can't see. I know if I can see the woman or not. If I see that the woman is swollen, if I see that she has preeclampsia, I can't help her. She needs to go to the hospital or else to the health centre. I send her to the Casa Materna. There are times when they call me to go with her if she doesn't have a husband, and if not, I give the reference and I bring her.</p>
<p>Hay mujeres que se resisten, pero son por esas groserías que hacen en el hospital. Pero, por allá no me comprometo. Estoy puesto aquí. Llegan a la casa a buscarme. <i>Ay, no</i>, le digo yo, <i>Vayan al centro de salud que las valore al médico, la enfermera</i>. Yo no me comprometo. Me dan nervio, porque yo sé que es un compromiso grande ver a una mujer. Tengo un año de no ver una mujer. Llegan a la casa. <i>Fíjese a ver como tengo aquí este niño, o, Fíjese que me siento un peso aquí en la barriga</i>. Yo las toco, y entonces yo sé si el niño está trasverso. Si el niño está sentado, también yo sé, y no las miro. Yo los mando para el hospital o para el centro de salud. Es un riesgo ver</p>	<p>There are women who resist, but it's because of the rude things that they do in the hospital. I won't compromise though. I have a job here. The women come to my house to find me. <i>Oh, no</i>, I tell them, <i>Go to the health centre and get assessed by the doctors or the nurses</i>. I won't compromise. It makes me nervous, because I know that it is a great commitment to see a woman. It's been a year since I last saw one. They come to my house and say, <i>Look, I have this baby here, or, see, I feel this weight in my belly</i>. I touch them, and I know if the baby is transverse. If the baby is sitting, I also know, and I won't see them. I send them to the hospital or to the health centre. It's a risk to see women like that. Foot first</p>

eso. Ni de pies, ni de brazos. Si, es un riesgo.	and arm first too. Yes, I know that it is a risk to see them.
Nosotros parteras no ganamos ni un peso por nuestros trabajos. Uno lo hace por amor. Si quieren, los pagan y otros los buscan que vaya a ver a una mujer. Hay veces que ni nos dicen ni muchas gracias, y uno lo hace, porque en realidad, ayudarles. Hay veces que son demasiado pobrecito, y con costo compra el jabón, entonces ¿cómo se van a ganar? Hay veces que a mí ha tocado, <i>Fíjese que se haya gravemente. Pagarles el pasaje de aquí al hospital</i> , porque tal vez es la que estaba grave no tenía ni un peso. Hay que buscar camioneta para llevarla, entonces, yo los he pagado de mi bolso.	We parteras don't make a single penny for our work. We do it for love. If they want, some will pay and others will come and find you to go and see a woman. There are times when they don't even tell me thank you very much, but I do it anyways to help them. There's times when they are so poor that it is with great cost that they can even buy soap, so how are they going to pay me? There are times when they have called me and said, <i>Look, take note because there is somebody very sick. Pay for their transport from here to the hospital</i> , because maybe the person who is ill doesn't even have a penny. I look for a car to bring them, and I have paid from my own pocket.
Ahora, hay más libertad	Now there is more liberty
Antes, la gente se llenaba de hijos. Ahora no, porque ahora, ¡hermanita! las planificaciones están por todos lados. Hay en las pulperías. Ahí está la inyección, ahí está las pastillas. Ahora, hay más condiciones, hay mejor atención. En el tiempo que yo me crié, no había relaciones de platicar que uno se iba a sentarse a platicar con el papa. Era más	Before, people had many children. It's not like that now, because now, <i>hermanita!</i> there is family planning available everywhere. In the pulperías, both injections and pills are available. Now there are better conditions and there is better care. When I was growing up, it wasn't customary for people to sit down and talk to their parents. Things were more

<p>privado. Si se casaba, el hombre no la dejaba salir. Ahí te vas a estar. Solo yo tengo libertad de salir, decía el hombre. Uno no es tonto como el tipo de antes. Uno puede platicar con el que uno quiere. No para hacer cosas malas sino para dialogar lo que uno quiere. Se despertó más, la gente.</p>	<p>private. If you got married, the man wouldn't let you leave. You are going to stay here. I am the only one who has the liberty to leave, he would say. Now people aren't as stupid as that type of before. You can talk with whomever you please. It's not to say bad things so much as to converse with whomever you care to. People are more aware now.</p>
<p>Moría antes la gente porque si iban a buscar tratamiento, el hombre no la deja. Por ejemplo, ahorita, si digo, Ay, hombre. Estoy enferma. Yo voy a hacer un examen. Voy a hacer un Papanicolaou. No había de esas cosas. Si le digo al marido mío, <i>vos, fíjate que cuidar a esto</i>. Me dice, <i>si hombre, anda</i>. Y antes no había eso. Todavía hay aquella que no se han revisado. Y cuando se graven, hay muchas mujeres de ahora que por eso mueren. Peor cuando aquella mujer es prostituta. Tiene su marido y agarra con hombre y hombre y hombre y hombre. Entonces, viene esa infección. Cuando ellas se van a chequear, están listas. Se suelta en hemorragia o se le hacen tumor porque nunca se fue a chequear. No hay remedio.</p>	<p>Before, people would die because if they went to get treated the man wouldn't let them go. Now, for example, I can say, Look man, I'm sick. I need to have an examination. I'm going to get a pap smear. They didn't have these things. Now, if I say to my husband, <i>Listen to what I'm saying. One needs to take care of this</i>, he would tell me, <i>Yes, get going</i>. It wasn't like that before. There are still people who don't get checked. And when they become ill, there are still many women who die. It's even worse when that woman is a prostitute. She has her husband and has a fling with man after man after man after man, and then she gets an infection. When she goes to get checked, she has a haemorrhage or a tumour, and there's nothing anybody can do because it can't be fixed.</p>
<p>También, yo le da consejo a los jóvenes. Vayan. Si eso busquen una</p>	<p>I also give advice to the youth. Go. If they prefer to have a woman, there is</p>

<p>mujer, hay la Mama Licha. Ella tiene su clínica. No la va a ver un medico. Porque hay veces que a uno le da pena de un varón la revise a uno. Pero para eso hay una enfermera, que una doctora.</p>	<p>Mama Licha. She has her clinic so they don't have to see a male doctor.</p> <p>Sometimes the women are embarrassed if a man sees them, but that's why there are nurses and female doctors.</p>
<p>Cuando me dicen, <i>fíjese que no me vino la regla este mes</i>, le digo, <i>vaya, hágase el examen de orine</i>. A veces le sale la prueba de embarazo. Porque nos falle la regla, es que ya sale. Hay unas que son nerviosas. No quieren salir que están panzonas, y entonces uno les da conseja. Que vayan al centro a examinarse, y para que le de las vitaminas. Cuando tiene muchos niños, las mandamos a planificar. Si, esa lo que hacemos nosotros – aconsejar.</p>	<p>When women tell me, <i>Listen, I haven't gotten my period this month</i>, I tell them, <i>Go and get a urine test</i>. Sometimes it will show a positive pregnancy test, because if you miss your period, then you're pregnant. Some of the women are nervous. They don't want it to get out that they are pregnant, so what I do is advise them to go to the health centre to be examined, and so that they get their vitamins. When they have lots of children, I tell them to get family planning. Yes, that's what we do, we give them advice.</p>
<p>Bueno, yo creo que esas palabritas le puede servir en su país. Yo me siento alegre, porque usted tiene el mucho gusto y el mucho placer de hacernos esas preguntas. Mucho gusto. Me siento muy alegre porque he conversado bastante con usted, y yo espero que vuelva.</p>	<p>Okay, well I hope these words will help you in your country. I am happy, because it has been a pleasure to answer these questions for you. It was very nice to meet you. We have spoken a lot, and I hope that you will come back.</p>

Appendix VII: THE STORY OF CARMEN BENAVIDES

English	Spanish
I only go by Carmen.	A mí, solo Carmen me dicen.
Because I was never given an identity card, I only go by the name of Carmen. My mother never raised me. I have always lived here in El Jilguero. Nobody here has a vehicle. We have to hoof it, and the road is very muddy. Now that I'm sixty years old, it's not easy, and my knees get sore from all the walking. I can't remember how many births I have attended.	A mí, solo Carmen me dicen. Cuando no habían dado la cedula, yo solo por Carmen. Después que dieron la cedula, salió así porque mi madre no me asentó. Vivo en El Jilguero. Todo el tiempo he vivido aquí. Como siempre, nunca aquí tiene un vehículo. Anda a pura pata, y se pone lodoso el camino. Ya que tengo 60 años, no es fácil, y me duelen mucho las rodillas de caminar. No lo pudiera enumerar cuantos partos he asistido.
My mother died and my father kept to himself.	Mi madre se murió, y mi papa quedó solo.
When you are raised without a father or a mother, you grow up like an animal. If you can, you try to better your life and rub shoulders with the people that you know. I can explain to you about my parents. My mother died, and my father never did anything for us. He married another woman, and she didn't want us. It was just me and my sister, and we grew up being shuffled around. He had five children with that other woman, but each of us has become independent.	Cuando uno se crece sin padre y sin madre, se cría como animalito. Si uno puede, uno trate de mejorar su vida y rozarse con la gente, con los que conoce. Le puedo decir una explicación de mis padres. Mi mama se murió y mi papa no hizo nada a nosotros. Él se casó con otra señora que no nos quiere. Con esa señora, el tuvo cinco hijos, pero nosotros nos independizamos cada quien. Empezamos a rodar. Nosotros somos dos hermanas y no más. Así me crié yo.
You always have to be careful about being alone. One day, this guy	Siempre uno se cuida de andar solito. Un día, se apareció un chavo que

<p>appeared and said, <i>You're alone. Look, we're going to get married.</i> So fine, I went with him, and the children began coming. There weren't any pills then, or they were very expensive to buy and I always had a belly. I had ten children, but one died while serving in the army after he was grown up. I worked and I made a little money. God helped me because I didn't have a husband. He left me. My kids all stayed with me when they were little, but they grew up, and are far away. Now I'm like the chickens clucking and without anything.</p>	<p>decía, <i>Usted está sola. Mire, vamos a casarnos.</i> Bueno, estuve con él, y empezaron los niños. No había pastillas, o eran muy caros comprar. Siempre salía con la barriga. Tuve diez hijos pero uno murió en el servicio ya grande. Yo trabajando y ganaba algún peso. No sé, mi Dios me ayudó porque no tuve el marido. Me dejó. Mis niños me quedaron chiquitos, pero se criaron, y ahora están por la porra. Más bien, estoy como las gallinas cluciando y sin nada.</p>
<p>Which one of you wants to be a partera?</p>	<p>¿Quién de ustedes quieren ser partera?</p>
<p>Before I went to the charlas, I wasn't a partera. You have to study to become one, because you don't know the things that could happen. For example, they taught us how labour starts, when the baby is going to be born, and what you have to do.</p>	<p>Antes de asistir las charlas, no era partera. Eso tiene que estudiarlo uno porque tal vez uno no conoce las cosas que van a suceder. Por ejemplo, como se comienza, cuando el niño va a nacer, que la va a hacer, y todo eso ahí se lo dan.</p>
<p>It happened like this: one day there was a meeting at the health centre and this nurse asked us, <i>which one of you wants to be a partera?</i> I was told to go to the workshops, and so I went for two weeks. The first workshops were to learn about sickness, how labour begins, how to do a digital exam, if the woman is going to</p>	<p>Había una reunión un día en el centro de salud. Una enfermera que iba de aquí nos dijo, <i>¿Quién de ustedes quieren ser partera?</i> Me mandaban la orden de que fuera esos talleres, entonces fui por dos semanas. Los primeros talleres fueron para aprender bien como es una enfermedad, como comienzo un parto,</p>

<p>give birth, how far she has left to go, and if she can move or not. Each workshop has a theme like this. They also brought some placentas. They brought them in a bag dripping with blood so that we could stretch them, open them, and learn about them. That's how we began, and I liked it, because you have to do something. You do what you can do so that you can make your life better. I always go to these charlas when they invite me.</p>	<p>para hacer un tacto, que la mujer se van a mejorar, cuanto le falta, si le pueden mover, si no se puede mover. Cada taller tiene un sentido para esto. También, ellos traían del hospital una placenta. Nosotros teníamos que conocer cómo eran las placentas. Estudiábamos, pues, miramos que la placenta estuviera completa. Lo traían en una bolsa chorreando sangre; a estirarlo, a abrirlo, a conocerlo. Porque nosotros así comenzamos. Y a mí me gustó, porque hay que hacer algo. Lo que uno puede hacer, lo hace, y uno trate de mejorar su vida. Yo siempre voy a las charlas cuando me invitan.</p>
<p>Monchita taught us how to inject vitamins into each other. There were a ton of us. She said, <i>today, we're going to learn about injections. Today, we're going to inject so and so</i>. We practiced it until we learned. First we used an orange. The orange didn't hurt, but we sure did. That's how we learned, and thank god I never regretted anything that I learned.</p>	<p>Por la Monchita, nosotros aprendimos como se inyecta vitaminas el uno al otro. Estábamos un montón. Ella decía, <i>Hoy le toca inyectar en los talleres. Hoy le toca inyectar a la Fulana</i>. Va una por una hasta que aprendimos. Nosotros aprendimos primero con una naranja. La naranja no le dolía, pero a nosotros nos dolía. Así aprendimos, y gracias a Dios no me pesa lo que he aprendido.</p>
<p>Giving injections was one of the first things we learned. We had to give them an injection called cientocinon that was one cc to hurry up labour because there are women that are very weak. They aren't</p>	<p>Eso era lo primero porque teníamos que inyectar a las mujeres. Teníamos que ponerle una inyeccioncita que apure el parto que se llama cientocinon. Esa inyeccioncita es así de un cc. Teníamos</p>

<p>trained, and so this helps them. It's only with what we could collect and the little that we made that we could buy it, but you can't get it anymore.</p>	<p>que aplicarla para apurar el parto porque hay muchachas que son muy débiles. No están capacitadas, y eso les ayuda. Solo con lo que nosotros recogíamos y ganábamos algunos pesitos para comprar la inyección. Fíjese que ahora ni hay esa inyección.</p>
<p>I have been to a lot of charlas that were taught by Spaniards, Dutch, and people from all over the place. It's been at least a year now since I've been to a charla. They used to bring us a basic basket every year, but they are forgetting about us.</p>	<p>He asistido muchas charlas con españolas, con holandesas, con de todo tipo de otros lados. Ahora no hemos ido a charlas hace año, porque nos entregaban una canasta básica anual, y ahora nos dan canasta básica. Nos están olvidando.</p>
<p>The first births that you go to you're scared and nervous.</p>	<p>Los primeros partos uno los atendió con nervio, con susto.</p>
<p>The first births that you go to you're scared and nervous. Certainly, you make some mistakes. There are some things that you forget like maybe cutting the cord that we're accustomed to tying. But after, once the baby has cried, you're not so nervous anymore. Those first days drive you crazy because you don't even know what you're doing, because a birth is something that you attend in an emergency.</p>	<p>Los primeros partos uno los atendió con nervio, con susto. Claro que los primeros partos uno no lo hace muy bien. Algunas cosas se le olvida que tal vez el corte del ombligo que nosotros acostumbramos a amarlo. Pero después, ya le pasa lo del niño que llora, que uno le dice que tenéis, y lo levanta. Así viene. No le da nervio. Pero los primeros días, le poner loco que ni sabe lo que está haciendo. Porque como le digo, un parto se atiende de emergencia.</p>
<p>Sometimes, when they call you quickly to see a woman, you don't even</p>	<p>Cuando lo llaman a ver una mujer rápido, a veces ni se bañan porque es una</p>

<p>have time to wash them. You quickly clean and bathe the woman and heat up some water. <i>Come, wash yourself, you need to be clean.</i> I wash them, I clean their parts, and the baby comes. If too much time passes, they can die. It's better to hurry it up so that the mother doesn't tear and it goes gently. We help them with teas, with soft things, with laxatives, because sometimes they have gone three days without eating anything. It doesn't work and they're too weak. That's the thing. Sometimes you're up until two without sleeping and in the morning there is another one. You almost lose your eyes.</p>	<p>cosa de emergencia. Es rápido: a limpiarle a la mujer, a bañarla, y yo le caliento una agüita. <i>Venga, báñese, usted tiene que estar asiadita.</i> La bañó, la aseó sus partes, y venga. Si le da mucho tiempo, se muere, y si le pasa el tiempo, se muere. Mejor apurarle porque no tengan ni la mama desgarró sino que él vaya suavcito. Ayudarles con tecitos, con cositas suaves, con laxantito, porque a veces ellas tienen 3 días sin probar nada. No sirve. Son demasiado débil. Así es la cosa. Hay veces hasta el 2 en el día sin dormir con una y en la mañana otro. Uno casi pierde los ojos.</p>
<p>I give them advice, I cheer them up, I give them a massage, and I tell them, <i>look, this is normal. To give birth to a child is normal, but you have to do your part because that's how it is.</i> The baby needs the mother to give it breath so that it can get out, and the mother has to too. Yes, there are mothers who tighten up and don't let the baby come out so that the baby dies, or they both become ill. We do all these things for them: tea, a warm pinolito, a little bit of coffee, and things to re-animate them.</p>	<p>Uno las aconseja, la empieza a dar ánimos, que una sobadita que, <i>Mire que esto normal. Parir un hijo es normal, pero también tiene que poner uno de su parte porque así es.</i> El niño tiene que la madre darle aliento para que el vaya buscando como salir por su parte donde va a salir, y ella también darle salida. Si hay madres que se ponen a apretarse, y no le dan salida, el niño se muere, y se gravan los dos. Todos esos actos nosotros le damos, y un tecito, un pinolito tibio, un poquito de café, y cosas reanimadoras.</p>
<p>One needs to take charge.</p>	<p>Uno se hace cargo . . .</p>
<p>Sometimes a midwife is needed in the communities because there are people</p>	<p>A veces se necesitan una partera en las comunidades. Ahí hay gente muy</p>

<p>that are really afraid to go to the city. You help them, and you go with them when a doctor needs to see them because sometimes the children are left with the husband and one needs to take charge. The doctor tells me, <i>bring them to me in a wheel chair, put them in bed, take off their clothes and leave them ready for me</i>, so I get them ready. I have brought two seriously ill women there.</p>	<p>temerosa ir a una ciudad. Entonces, uno le ayuda, y me ha tocado ir las a dejar cuando necesitan que un doctor la mire. Me voy con ella porque tal vez los niños los dejan con el papa, y uno se hace cargo. Me dice el doctor ahí, <i>llévemela en una silla de rueda, me la pone en la cama y le quita la ropa y me la deja preparada</i>, y yo se la preparó. Dos mujeres he llevado gravemente.</p>
<p>They are bleeding and can't even walk. You have to bring them in a car or call for an ambulance. There have been babies born at five months gestation where part of the baby comes out and part stays inside. The woman has to get everything out and be cleaned out. I say that is something that a doctor does because they need their injections and need to be cleaned. We have brought them to the hospital. It's worse for a woman who has these things. She is like a girl and feels weak and can't do anything. It's not easy.</p>	<p>Van con sangrado y no pueden caminar. Hay que llevarlas en una camioneta o se pide una ambulancia. Le han nacido los niños a los cinco meses. Parte de niño le han salido, y parte del niño les han quedado. La mujer tiene que expulsar todo. Hay que limpiarla. Le digo yo que es una cosa que hace un médico porque necesita ponerle inyecciones, y ella necesita que hacerle su limpieza. Nos ha tocado traerlas al hospital. Va peor una mujer con esas cosas; se siente débil, y no pueden actuar nada, como niña, y no es fácil.</p>
<p>They have to be made aware. Sometimes the father doesn't want to let them go, or the parturient doesn't want to go for embarrassment. In that moment, you have to leave your embarrassment behind and attend to life.</p>	<p>Hay que concientizarlos. A veces, el papa no la quiere dejar, o ella no quiere ir por pena. Pero en ese momento, tiene que dejar pena y todo sino que atender la vida.</p>

Mrs. So and So was Dying	La Fulana se está muriendo.
<p>I remember a birth where it was really raining in October. A man came to my house at five o'clock in the afternoon. <i>Look, so and so is dying because the baby won't be born, he said. There's three parteras, but between them all maybe there's somebody who knows a little more, because this woman is going to die.</i> I put on some pants, got on a mule and went with him. Really, the woman was dripping in sweat. She was delicate and weak. She had been in labour for three days without anything. I gave her a little coffee and a bit of warm pinol. She didn't recover her strength because she had been in the same position for a long time waiting for the baby to be born. With this baby, it would have been better that she had gone to the city. She gave birth to a boy, and the umbilical cord looked like it was full of air and we couldn't tie it because it was so fat.</p>	<p>Yo recuerdo un parto en que la muchacha estaba una lluvia. Fue en octubre. Estaba esa gran lluvia, y llegó un señor a las cinco de la tarde a mi casa. <i>Fíjese que la Fulana se está muriendo, porque no puede nacer el niño, dice. Tiene tres parteras, pero entre tantas, tal vez alguna tiene más sabiduría, porque la mujer se va a morir.</i> Agarré yo a montarme en aquella mula, solo me puse un pantalón, monté, y me fui con él. En realidad, la mujer estaba derramaba sudor. Estaba delgada, débil. Ella tiene tres días, y fíjese que nada. Cuando le expliqué yo, le puse un par de vitaminas para que ella recobre fuerzas. Hay que darle un poquito de café y un poquito de pinol tibio. Ella no recobre su fuerza porque estaba en esa postura, solo esperando que ese niño nazca. <i>Mejor con ese niño la hubieran sacado el pueblo. No ve que no quiere, respondieron las otras parteras.</i> Es que el enfermo no manda. Aquí los que mandan son los que están bueno. Porque el enfermo no le va a mandar sino que lo que le quieren hacer. Pero no. El que está bueno tiene que actuar, y entonces, así fue. Se mejoró, y tuvo un baroncito, y el cordón del ombligo parece que se había llenado de aire y no</p>

	se podía amarrar. Era gruesísimo.
That's the only experience that I've had where the umbilical cord was large like that. I tied it one time so that it wouldn't bleed, I tied it another time, and then I cut it, but it was still bleeding. I had to burn it with a nail so that it would be cauterized and wouldn't bleed. It was a beautiful boy, healthy and fat. He had been born swollen, the poor thing, for all the time that he was waiting, but god is great. The poor girl didn't die, and the baby was very beautiful.	Es la única experiencia que he visto yo de que el cordón del ombligo era exagerado. Lo amarré una vez para que no sangrado, lo amaré otra vez, lo corté, y todavía sangraba. Tuve que quemar con un clavo para que cauterizara, y no saliera sangre. Donde yo socaba, el echaba liquido amniótico, y aquí en liquido amniótico se aflojada. A volver más noche, me levanté y yo miré que el cordón iba aflojando y va dejo de sangrarla. Era un niño lindo, sanote, y gordo. Había nacida inflamado, el pobrecito, tanto tiempo de estar en espera, pero Dios es grande. No se murió la pobre muchacha, y ahí está el niño bien hermoso.
Another time, I was called to see a girl that was already big. The father called me, <i>Come, look at so and so because she is going to give birth.</i> When I arrived, the baby was moving around in the dirt. She had given birth and fainted. I said, <i>How terrible. She has fainted and the baby has been born, and is moving around on the ground like an animal.</i> I put doilies with warm water on her so that she would recover, and I gave her something so that she could recover her consciousness.	Otra vez, me llaman a ver una niña que ya está grande. Me llama el papa, <i>Venga, mire a la fulana que se va a mejorar.</i> Cuando llegó, el niño andaba en un polvazal. Ella se había mejorado, y se había desmayado. Le digo, <i>Que barbaridad. Ella se había desmayado, y el niño había nacido, y andaba como animalito en el suelo.</i> Puse pañitos de agua tibia para que ella recobre, y a darle algo para que recobre su conocimiento, y varias experiencias.
I have brought two women that were	He llevado dos mujeres casi muertos.

almost dead.	
<p>Another time, this man came at about five o'clock in the morning. Oy, he said, <i>look, this woman is sick</i>, so I went. You don't know how sad I was to see that she had parts of a foetus hanging out of her. I said, No, we have to get her a stretcher even if it's just made of sticks and get her out of there. I stopped the traffic so that she could go because what she needed was a D & C. So I brought her, I was with her, I got her ready for the doctor.</p>	<p>Fíjese que viene un señor como a las cinco de la mañana. Oy, dice, <i>vaya, mire una mujer que esté enferma</i>. Me voy. La tristeza que me dio que con partes del feto guindado. Le digo yo, <i>No. Hay que posibilitar una camilla aunque sea de palitos y sacarla</i>. Agarré el tráfico para que esta mujer se vaya porque lo quería un legrado. Entonces la llevé, me estuve allá con ella, se le preparé al médico, y me dijo ella, <i>¿y vos sabes qué?</i> Le digo yo, <i>No sé</i>.</p>
<p>There are women that never get check-ups and that's how you find out how you are. The doctors look at you with their equipment and they see up to your guts, and then they know if you are well. There are people that are afraid to go to the city because it's said that they do rude things there. They look at them to see if they can save them or not. Or they save one and another one dies.</p>	<p>A mí solo me avisaron porque hay mujeres que nunca se hacen sus controles. Porque en el control le sale como está. En el control, a uno les ven hasta la hora que con esos aparatos le ven hasta las tripas, y ahí sabe si está bien. Hay gente que es temerosa ir a un pueblo porque él dicho es que allá en las ciudades le hacen groserías. Ahí lo ven a tiempo si lo puedan salvar o no. O salvan uno, y otro se muere. Pero así concientizándolas uno aquí.</p>
<p>There was someone who they thought had an intrauterine device (IUD), but it hadn't been inspected in fourteen years. It had been stuck for a long time in her uterus and she began to bleed. Can you imagine that someone had to come</p>	<p>Una era que se había supuesto el DIU, y eso aparato tenía 14 años de no revisarse. Entonces el aparato se había pegado en parte del útero por un lado, y ya tenía un sangrado. Imagine que tuvo que venir y entrar una camioneta a llevarla</p>

<p>and get a car to bring her because the woman couldn't move? I brought her to the hospital, they had her for three days, they gave her a D & C, they cleaned her out really well inside and they sent her back. I think that you need to have these IUDs checked every six months or at least each year. She already went back to her house to have a little food, because it's not easy. This happens in all of the communities because there are rebellious women who are afraid to go to the hospital.</p>	<p>porque la mujer no se podía mover. La llevé yo, tuvo tres días, le hicieron un legrado, y la limpiaron bien por dentro, y la despacharon. Me imagino que eso se lo revisan cada 6 meses que cada año. Ya volvió a venir para su casa a tener un poco de dieta porque no es fácil. Lo lleven por canillas ajenas que las de uno no les sirven. Eso paso en todas las comunidades porque habemos mujeres rebeldes que le tenemos miedo a un hospital, y tal vez por no perder el tiempo, por no estar en una casa de parto. Porque en las casa de parto, también, ahí les dan todo.</p>
<p>We send them to the health centre</p>	<p>Las mandamos para el centro de salud.</p>
<p>When one finds out that they are pregnant, we send to the health centre. They go there so that they can be measured, have their checks, and have their pressure taken and be sure that the baby is growing. Sometimes I am ordered to go see a baby that is transverse. I set it and begin to give them massages so that the pregnant woman can have her baby well. We send them to the health centre so that the women know that they have to give them their treatments. They give them their exams, they are ordered to get them done there at the laboratories, and that's</p>	<p>Cuando uno sabe que ya está embarazada, la mandamos para acá. Van allá, que les tomen sus medidas, sus tactos, su presión para que eso niño vaya desarrollando. A veces, me han mandado a mí a verlas de que el niño está atravesado. Pero me le han mandado, y yo la he compuesto, y empiezo dándoles su masaje para que ellas tengan su niño bien, pero nosotros las mandamos aquí para que estas mujeres sean las que tengan que darles sus tratamientos. Entonces, les hacen sus exámenes, las mandan a hacer esos exámenes allá. A</p>

the thing.	los laboratorios y ahí va la cosa.
<p>It has been days since I have seen a birth because now there is the Casa del Parto and that is better. What we do is raise people's awareness. <i>Look my daughter, you could become seriously ill. Over there is the medicine, there's a doctor. We're going to put you in an ambulance and you're going to be fine. They will help you there, so it's better that we send you.</i> One sees cases of preeclampsia where their private parts are swollen, and sometimes they don't understand. We give them advice. They think it's only to tell them what to do, but it's not. Now there are lots of sicknesses. There are many people sick with AIDS and with venereal infections, and all of those things that the poor woman who goes about delicately can transmit.</p>	<p>Ya días tengo de no ver un parto porque ahora mejor, existe la casa del parto. Nosotros las concientizamos, <i>Mire hijita, se puede gravar. Allá está la medicina, está el doctor. Vamos a poner una ambulancia. Usted va a estar bien. Ahí le van a ayudar, y así las mandamos mejor.</i> Porque se ven casos de preclamsia, que se inflaman sus partes, y ellas tal vez no entiende. Nosotros les damos un consejo. Ellas piensan que es por decírselo, pero no. Ahora hay muchas enfermedades que la mujer la apercibe. Ahora hay tantos enfermos de SIDA, tantos enfermos de infecciones venéreas, y todo eso la pobre mujer que anda delicada se pasa.</p>
<p>In the Casa del Parto, there are dressing gowns and food for the women. They have their bathrooms and everything hygienic. After that, there's medicine and a doctor is seeing them. They are there for one month or for some two months, and so they bother us less because they need to see a doctor, and if they need an operation, they send them there.</p>	<p>En la casa del parto, hay batas y comidas para las mujeres. Hay sus baños, todo lo higiénico. Después de eso, hay medicina la está revisando un médico. Se están un mes, unos dos meses, entonces nosotros, nos molestamos menos porque en cambio, haya las ve un medico, y si le toca operación, las mandan de una vez preparada para que no vuelvan a tener, porque es una barbaridad.</p>
We do this out of love.	Lo hacemos únicamente por amor.

<p>We do this only for love. They don't pay us anything. What's more, when there are meetings, we say <i>give a contribution, a peso or two so that we can have this money for the necessities</i>. But this is for love; it's not to make any money. The owner of the car doesn't go around for love. You have a friendship with the woman, and sometimes she is very grateful.</p>	<p>Nosotros lo hacemos únicamente por amor. No nos pagan nada. Porque más bien, cuando hay reuniones, nosotros decimos, <i>Den un aporte, que un peso, que dos, para tener ese dinerito para las necesidades</i>. Pero eso es por amor, no es por ganar nada. Porque el dueño de la camioneta no va a andar por amor. El tiene que cobrar su viaje hasta Estelí y ya a ese, si hay que pagar. Queda una amistad con la mujer, si, porque a veces ellas quedan agradecida.</p>
<p>I help these women out of friendship and give encouragement to the woman. You have to help her and encourage her so that she gets out of this difficulty quickly. Once the baby has been born, she is happy. She has her baby, she is changed, she is bathed, and she is cleaned. She is washed and stays there. These girls are afraid, and they think that they are going to die. It's worse when they're only thirteen, fourteen, or fifteen years old. You must remember that they think that they are going to die and so you have to encourage them. When their time comes, maybe you touch them lightly. What do I know? When they feel the baby moving they are afraid and so this is what happens. They are afraid. We're afraid of the primíparas because they're very tender</p>	<p>Yo las ayudo porque queda una amistad con la mujer, pero en una cama solo debe estar uno dándole ánimo a aquella mujer. Hay que ayudarla para que ella tenga ánimos y pronto salga de esa dificultad. Ya saliendo de esa dificultad, está contenta, pues. Ya con su niño, se le muda, se le baña, la limpia uno a ella. La bañe y ya quédese allí. Guardándose su cama pero, no más. Ellas tienen miedo, les parece que se van a morir. Peor cuando son muchachas tal vez de 13 años, de 14 años, de 15 años. Acuérdesse que lo primero que piensan que van a morir. Entonces ahí es donde uno tiene que darles ánimo. Ya la hora llegada, tal vez el tacto es ra ligero, y eso es lo que pasa. Dar ese ánimo a esas mujeres porque ellas tienen miedo de parir un hijo.</p>

girls and their vaginas are still small. They don't understand the consequences of having these babies.	<p>Que se yo, cuando se sienten los movimientos de la criatura ellas les da miedo. Entonces eso es lo que les pasa. Les da miedo.</p> <p>Nos da miedo de muchachas primerizas porque son chavalas muy tiernas que sus vaginas no están completamente esta todavía pequeñito todo su cuerpo porque uno llega a un término que hasta ahí pero eso es lo que pasa que muy tierna y ellas no saben las consecuencias que tienen esos partos un niño todo apretadito todo des mejoradito.</p>
It hurts your soul that there isn't anything to wrap the baby in.	Duele alma que no tiene ni como envolver el que esta chiquito.
<p>It hurts your soul that there isn't anything to wrap the baby in. Sometimes I give them clothes because they don't have anything small. They need to have dry clothes because it's really rainy here. Not even God would want to see how rainy it is. In the countryside, you make do with what you have. In the centre, the most that they can give is cotton, gauze, iodine, things for a cut or whatever and that's all. We have put it on because we like to help. You know, I like to. My mother died when I was little. My father never did anything for us, and I say, if I had been able to study, then maybe things would have been</p>	<p>Duele alma que no tiene ni como envolver el que esta chiquito y otro tierno no hay, incluso a mí. A veces me dan ropa, y yo les regalo porque no tengo chiquito. En una cama en una casa, se necesitan que hayan ropita seca. Aquí es bien lloviaosa. Ni quiera Dios que viera como es de lloviaoso aquí. Entonces esa mujer húmeda, tal vez uno no busca cómo esté lo más seca porque un tétano. En los campos uno atiende con lo que uno puede. Lo más allá en centro, lo más que le dan es algodón, gasa, yodo, cositas así para un herido o para cualquier cosa. No más eso. De ahí, nosotros tenemos que</p>

<p>different. For that, you have to have love for your fellow man because you grow up in the streets without any kind of formal education. It's not the same as a child who has studied. It's hard. Yes, everything is difficult. We help them only out of love. We're not paid anything. And here, nobody wants to do it. Monchita told me that in order for me to quit, I have to find somebody else, but nobody wants to be responsible. They don't like to because they're afraid. To attend to a woman makes them nervous. Now, my knees are sore from walking. If there is necessity, I go, but with time, we're teaching women that they have to take charge. Monchita tries to raise their awareness so that they learn, but you have to be patient and dedicated. They tell you, leave your house alone to see something. They have called me at my house in the night to go with the spouse. I am afraid, but I entrust myself to god, because who knows what a man can do with you alone at night on the road. I have gone at night very far. I have seen women far away, by horse.</p>	<p>poner, porque uno le gusta servir. Me gusta, fíjese. Mi mama se murió pequeño. Mi papa no hizo nada a nosotros, y le digo yo, <i>si los hubiera puesto a estudiar, tal vez hubiera sido diferente</i>. Por eso, hacer que tiene uno amor por él prójimo porque uno se crio en los caminos sin ninguna preparación. No es lo mismo que un hijo preparado. Es duro. Sí, todo que le toca en el servicio social es duro. Siempre lo mandan a los monte que no le van a decir lo que es. Pero yo le estoy diciendo lo que es, porque hay que hablar con el corazón lo que es salud, pues todo es lo que es enfermería. Todo es así. No es fácil. Nosotros los ayudamos únicamente por amor. Esos no nos pagan nada. Aquí nadie quiere. A mi dijo la Monchita que para que usted se salga, tiene que traer otra, pero nadie quiere. Nadie quiere ser responsable. No les gusta porque les da miedo. Ver una mujer se ponen nerviosa. Ahora, me duelen mucho las rodillas de caminar. Si hay necesidad, yo voy, pero con tiempo estamos concientizando cuando sabemos que ellas tienen que hacer caso. Monchita traten de concientizar mujeres para que aprendan, pero es que tienen que tener paciencia y tienen que tener dedicación. Dicen ellas, <i>Dejar su casa sola por ir a ver esto</i>.</p>
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	<p>Bueno, así yo me ha tocado dejar la casa de noche y agarrar con el dueño de la mujer. Hay con miedo pero al mismo tiempo, encomendándome a Dios, porque que sabe un hombre que puede hacer en el camino con uno. Yo me ido de noche lejos. Yo he visto mujeres largo en caballo y ligero porque vienen cuando esta mujer en apuros y un niño no da lugar. Por eso es que a veces las halla uno, o paridas, o con la sin haber nacido la placenta. Nadie las toca porque hasta que llega uno, porque no hay quien sepa , eso es lo que pasa, y por eso uno tiene miedo por la edad la es mala amiga.</p>
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